

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street)

214 South Bronough Street

☐Check if different  
than previously  
reported. (ACC)

Tallahassee

FL

32302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005561

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alma Gonzalez

Signature of Treasurer

Electronically Filed by Alma Gonzalez

Date

0 9

2 3

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Transfers received from the DNC, DCCC, DSCC and candidate committees, not including ASDC/Dollars for Democrats and DNC Victory Fund, were not for joint fundraising. None of the transfer in money received from the DNC or DCCC was used in the payments made for exempt activities. None of the expenses listed on Line 21b were public communications or FEA activities. The payments listed on H4, including all consulting fees, were administrative/committee fundraising expenses and not FEA nor in connection with a federal election. Payroll and all related expenses reported on Schedule H4 were for staff that did not spend more than 25% of their time on FEA or in connection with a federal election-  
.....

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M M  
1 1D D  
2 3Y Y Y Y  
2 0 1 0

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 1 0

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>Y Y Y Y<br/>2010</span>   |                         | 762421.56                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 626460.26               |                                   |
| (c) Total Receipts (from Line 19) .....  | 157014.64               | 6774772.01                        |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 783474.90               | 7537193.57                        |
| 7. Total Disbursements (from Line 31) .....  | 381954.93               | 7135673.60                        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 401519.97               | 401519.97                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 18541.50                |                                   |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M M  
1 1D D  
2 3Y Y Y Y  
2 0 1 0

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 1 0

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A) .....            | 6659.00                       | 1480667.24                        |
| (ii) Unitemized .....  | 260.00                        | 74005.40                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii) .....  | 6919.00                       | 1554672.64                        |
| (b) Political Party Committees .....   | 0.00                          | 705255.88                         |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                          | 196590.65                         |
| (d) Total Contributions (add Lines<br>11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5) .....     | 6919.00                       | 2456519.17                        |
| 12. Transfers From Affiliated/Other<br>Party Committees .....  | 139028.75                     | 2951588.87                        |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5) ..... | 10627.33                      | 130843.85                         |
| 16. Refunds of Contributions Made<br>to Federal candidates and Other<br>Political Committees .....           | 0.00                          | 890.08                            |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.) .....  | 439.56                        | 155299.08                         |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account<br>(from Schedule H3) .....  | 0.00                          | 724630.96                         |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 355000.00                         |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 1079630.96                        |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18(c)) .....                             | 157014.64                     | 6774772.01                        |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) .....                                       | 157014.64                     | 5695141.05                        |

| II. DISBURSEMENTS  |           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |           |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |           |                               |                                   |
| (i) Federal Share.....   | 37253.92  | 286391.25                     |                                   |
| (ii) Non-Federal Share.....  | 140384.84 | 1170967.49                    |                                   |
| (b) Other Federal Operating Expenditures.....  | 125531.58 | 3421460.56                    |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 303170.34 | 4878819.30                    |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00      | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00      | 0.00                          |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00      | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00      | 100275.63                     |                                   |
| 26. Loan Repayments Made.....  | 0.00      | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00      | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |           |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00      | 15350.00                      |                                   |
| (b) Political Party Committees .....   | 0.00      | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00      | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00      | 15350.00                      |                                   |
| 29. Other Disbursements.....   | 0.00      | 539677.88                     |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |           |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |           |                               |                                   |
| (i) Federal Share .....  | 0.00      | 73500.00                      |                                   |
| (ii) "Levin" Share .....   | 0.00      | 276500.00                     |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 78784.59  | 1251550.79                    |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 78784.59  | 1601550.79                    |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 381954.93 | 7135673.60                    |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 241570.09 | 5688206.11                    |                                   |

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 6919.00                       | 2456519.17                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 15350.00                          |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 6919.00                       | 2441169.17                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 162785.50                     | 3707851.81                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 10627.33                      | 130843.85                         |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 152158.17                     | 3577007.96                        |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 235

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Gwyndolen A. Clarke-Reed

Mailing Address 150 NE 2nd Ave

City

Deerfield Beach

State

FL

Zip Code

33441-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida House Representat-  
ives

Occupation

House Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: C5662222

Amount of Each Receipt this Period

2160.00

**B.**

Full Name (Last, First, Middle Initial)

Payroll Matters

Mailing Address 2069 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.63

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C6095508

Amount of Each Receipt this Period

135.00

**C.**

Full Name (Last, First, Middle Initial)

Astra Remy-Calixte

Mailing Address 269 NW 7th St

City

Miami

State

FL

Zip Code

33136-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Social Work

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: C5653417

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6295.00

**TOTAL** This Period (last page this line number only) .....

B. Form/Schedule : **SA11AI**  
Transaction ID : **C6095508**

Payroll 11.30 tax coming back.



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 235

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Marian Sanders

Mailing Address 3755 Dairy Rd

City

Titusville

State

FL

Zip Code

32796-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: C5657820

Amount of Each Receipt this Period

364.00

**SUBTOTAL** of Receipts This Page (optional) .....

364.00

**TOTAL** This Period (last page this line number only) .....

6659.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

JANET ALTMAN

Mailing Address 5935 SW 76th St

City

South Miami

State

FL

Zip Code

33143-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KOFFMAN, RUSMAN & COMPANY

Occupation

MARKETING DIRECTOR

Receipt For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474919

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Anonymous Anonymous

Mailing Address 935 Rose

City

Burbank

State

CA

Zip Code

91505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
art dealer

Receipt For:

2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662814

Amount of Each Receipt this Period

19.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Virginia T. Anthes

Mailing Address 570 Village Pl  
Apt 300

City

Longwood

State

FL

Zip Code

32779-6037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Retired

Receipt For:

2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662815

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Virginia T. Anthes

Mailing Address 570 Village Pl  
Apt 300

City State Zip Code  
Longwood FL 32779-6037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Not employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102621

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Dorothy Armstrong

Mailing Address 8470 SW 92nd Ln  
Unit C

City State Zip Code  
Ocala FL 34481-4566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102643

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Dorothy Armstrong

Mailing Address 8470 SW 92nd Ln  
Unit C

City State Zip Code  
Ocala FL 34481-4566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662831

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Rosemary E. Armstrong

Mailing Address 3415 W Mullen Ave  
Apt 104

City State Zip Code  
Tampa FL 33609-4631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For: 2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662828

Amount of Each Receipt this Period

475.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Rosemary E. Armstrong

Mailing Address 3415 W Mullen Ave  
Apt 104

City State Zip Code  
Tampa FL 33609-4631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102639

Amount of Each Receipt this Period

475.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

John Arwood

Mailing Address 11011 NW 15th St

City State Zip Code  
Pembroke Pines FL 33026-2703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Miami

Occupation  
Police Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: C6102646

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

John Arwood

Mailing Address 11011 NW 15th St

City

Pembroke Pines

State

FL

Zip Code

33026-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Miami

Occupation

Police Officer

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: C6662848

Amount of Each Receipt this Period

142.50

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

ASDC/Dollars For Democrats

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing  
federal political committee.

C

C00073791

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35111.87

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: C5657830

Amount of Each Receipt this Period

35000.00

**C.**

Full Name (Last, First, Middle Initial)

Stuart Baker

Mailing Address 4188 Diplomacy Cir  
Ste 300

City

Tallahassee

State

FL

Zip Code

32308-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fsu

Occupation

Educator

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662847

Amount of Each Receipt this Period

95.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Stuart Baker

Mailing Address 4188 Diplomacy Cir  
Ste 300

City State Zip Code  
Tallahassee FL 32308-8719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fsu

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102629

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Edith Ballas

Mailing Address 204 Sea Oats Dr  
Apt F

City State Zip Code  
Juno Beach FL 33408-1447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474920

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Edith Ballas

Mailing Address 204 Sea Oats Dr  
Apt F

City State Zip Code  
Juno Beach FL 33408-1447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: C6474921

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Gary Barcus

Mailing Address 1689 SW 158th Ave

City

Pembroke Pines

State

FL

Zip Code

33027-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWYER

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474922

Amount of Each Receipt this Period

115.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

James Bartholomew

Mailing Address 1311 Crown Isle Cir

City

Apopka

State

FL

Zip Code

32712-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662834

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

James Bartholomew

Mailing Address 1311 Crown Isle Cir

City

Apopka

State

FL

Zip Code

32712-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102615

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Stephen Bathiste

Mailing Address 3321 NW 196th Ln

City

Miami Gardens

State

FL

Zip Code

33056-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: C6102634

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Stephen Bathiste

Mailing Address 3321 NW 196th Ln

City

Miami Gardens

State

FL

Zip Code

33056-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: C6662860

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

ALIX BAXTER

Mailing Address 2201 NW 25th St

City

Gainesville

State

FL

Zip Code

32605-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102616

Amount of Each Receipt this Period

209.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

ALIX BAXTER

Mailing Address 2201 NW 25th St

City

Gainesville

State

FL

Zip Code

32605-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Md

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662835

Amount of Each Receipt this Period

209.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Jean Bell

Mailing Address 14 Balfour Rd W

City

Palm Beach Gardens

State

FL

Zip Code

33418-7024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C6474923

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

MARIA BERLANGA

Mailing Address 2101 SW 59TH AVE

City

MIAMI

State

FL

Zip Code

33155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BILLING COMPLIANCE

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474924

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Patricia N. Berman

Mailing Address 21174 Hamlin Dr  
Apt 603

City State Zip Code  
Boca Raton FL 33433-7433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: C6474925

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Janet Blanks

Mailing Address 3377 NW 24th Way  
# 524

City State Zip Code  
Boca Raton FL 33431-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Atlantic University

Occupation  
professor

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C6474926

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

GEORGE BRENNER

Mailing Address 27 WARWICK DR

City State Zip Code  
SHALIMAR FL 32579

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6474927

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

JOHN BUCKLEY

Mailing Address 3638 SW 57TH AVE

City

MIAMI

State

FL

Zip Code

33155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474928

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Dagmar Carballo

Mailing Address 2220 Nantucket Dr

City

Sun City Center

State

FL

Zip Code

33573-7152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102630

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Dagmar Carballo

Mailing Address 2220 Nantucket Dr

City

Sun City Center

State

FL

Zip Code

33573-7152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662856

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

HELEN CAYLOR

Mailing Address 5530 37TH ST E

City

BRADENTON

State

FL

Zip Code

34203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For: 2012

☒ X

Primary

☐

General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474929

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Etzer Chicoye

Mailing Address 1259 SW 172nd Ter

City

Pembroke Pines

State

FL

Zip Code

33029-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐

Primary

☒ X

General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662854

Amount of Each Receipt this Period

118.75

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Etzer Chicoye

Mailing Address 1259 SW 172nd Ter

City

Pembroke Pines

State

FL

Zip Code

33029-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102652

Amount of Each Receipt this Period

118.75

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Vonceil Coggin

Mailing Address PO Box 432

City

Chipley

State

FL

Zip Code

32428-0432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662816

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Vonceil Coggin

Mailing Address PO Box 432

City

Chipley

State

FL

Zip Code

32428-0432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102608

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Mildred B. Cook

Mailing Address 1040 NW 6th Ter

City

Boca Raton

State

FL

Zip Code

33486-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker

Occupation  
Real Estate Sales

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102637

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Mildred B. Cook

Mailing Address 1040 NW 6th Ter

City

Boca Raton

State

FL

Zip Code

33486-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker

Occupation

Real Estate Sales

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662827

Amount of Each Receipt this Period

95.00

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Virginia Culbert

Mailing Address 235 Chaucer Ln

City

Winter Haven

State

FL

Zip Code

33884-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Polk W Board Of Cou

Occupation

Program Manager

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662822

Amount of Each Receipt this Period

199.50

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Virginia Culbert

Mailing Address 235 Chaucer Ln

City

Winter Haven

State

FL

Zip Code

33884-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Polk W Board Of Cou

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102609

Amount of Each Receipt this Period

199.50

[MEMO ITEM]

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

John V. D'Albora, Jr.

Mailing Address 230 Forrest Ave

City

Cocoa

State

FL

Zip Code

32922-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C6474930

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

JEFF DAVIS

Mailing Address 4738 NW 38TH ST

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROFESSOR

Occupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C6474931

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

JEFF DAVIS

Mailing Address 4738 NW 38TH ST

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROFESSOR

Occupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6474932

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

JEFF DAVIS

Mailing Address 4738 NW 38TH ST

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROFESSOR

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: C6474933

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Martin Davis

Mailing Address 3628 Foxwood Blvd

City

Wesley Chapel

State

FL

Zip Code

33543-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662821

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Martin Davis

Mailing Address 3628 Foxwood Blvd

City

Wesley Chapel

State

FL

Zip Code

33543-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102623

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing  
federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1072672.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C6015919

Amount of Each Receipt this Period

73914.00

**B.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee-V Fund

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing  
federal political committee. **C** C00435560

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

143269.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: C5852550

Amount of Each Receipt this Period

4924.00

**C.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee-V Fund

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing  
federal political committee. **C** C00435560

Name of Employer Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

143269.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: C6662818

Amount of Each Receipt this Period

27209.59

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

78838.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee-V Fund

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00435560

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

143269.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: C6102636

Amount of Each Receipt this Period

27228.59

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT P DIFFENDERFER

Mailing Address 506 27TH ST

City State Zip Code  
WEST PALM BEACH FL 33407

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LAWYER

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474934

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)  
Doug Downer

Mailing Address 600 Lake Orienta Dr

City State Zip Code  
Altamonte Springs FL 32701-6308

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Fiserv

Occupation  
Programmer

Receipt For: 2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662836

Amount of Each Receipt this Period

380.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Doug Downer

Mailing Address 600 Lake Orienta Dr

City

Altamonte Springs

State

FL

Zip Code

32701-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fiserv

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102617

Amount of Each Receipt this Period

380.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

DSP Joint Victory Fund, Florida Account

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing  
federal political committee.

C

C00455477

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17790.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: C5910681

Amount of Each Receipt this Period

190.75

**C.**

Full Name (Last, First, Middle Initial)

Marjorie Eisman

Mailing Address 1603 Bayhouse Point Dr  
Apt BA107

City

Sarasota

State

FL

Zip Code

34231-6769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: C6662849

Amount of Each Receipt this Period

237.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

190.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☐ 11c ☒ 12  
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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Marjorie Eiseman

Mailing Address 1603 Bayhouse Point Dr  
Apt BA107

City State Zip Code  
Sarasota FL 34231-6769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: C6102647

Amount of Each Receipt this Period

237.50

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Zlena Eneterio

Mailing Address 271 NW 156th Ln

City State Zip Code  
Pembroke Pines FL 33028-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr Ronald Gellés

Occupation  
Arnp

Receipt For:

2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662857

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Zlena Eneterio

Mailing Address 271 NW 156th Ln

City State Zip Code  
Pembroke Pines FL 33028-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr Ronald Gellés

Occupation  
Arnp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102631

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Gloria E. Fitzgerald

Mailing Address 5641 SW 3rd St

City

Plantation

State

FL

Zip Code

33317-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation

Retired Educator

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474935

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Cecil Flemming

Mailing Address 582 SW Fairway Ave

City

Port St Lucie

State

FL

Zip Code

34983-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6662833

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Cecil Flemming

Mailing Address 582 SW Fairway Ave

City

Port St Lucie

State

FL

Zip Code

34983-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6102653

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Raymond W Fones

Mailing Address 5271 Azalea Cir

City

Ridge Manor

State

FL

Zip Code

33523-8829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pasco County School Board

Occupation  
Teacher

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C6474936

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Norma Hay

Mailing Address 401 N L St  
Apt 2

City

Lake Worth

State

FL

Zip Code

33460-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Atlantic University

Occupation  
Data Coordinator

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C6474937

Amount of Each Receipt this Period

65.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Rosemary Hays-Thomas

Mailing Address 7998 Lancelot Dr

City

Pensacola

State

FL

Zip Code

32514-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wofwest FL

Occupation  
Psychology Faculty

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662819

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Rosemary Hays-Thomas

Mailing Address 7998 Lancelot Dr

City

Pensacola

State

FL

Zip Code

32514-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wofwest FL

Occupation

Psychology Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102622

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Bobby Henderson

Mailing Address 1580 Megan Bay Cir

City

Holly Hill

State

FL

Zip Code

32117-2045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bethune-Cookman College

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6102635

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Bobby Henderson

Mailing Address 1580 Megan Bay Cir

City

Holly Hill

State

FL

Zip Code

32117-2045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bethune-Cookman College

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6662861

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH HEROLD

Mailing Address 27106 ROBERTSON RD

City

YALAHUA

State

FL

Zip Code

34797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATTORNEY

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6474938

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Nancy McDermott Herstand

Mailing Address 199 Ocean Lane Dr  
Apt 1000

City

Key Biscayne

State

FL

Zip Code

33149-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6474939

Amount of Each Receipt this Period

130.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Susan Hoffman

Mailing Address 13603 Cozy Pl

City

Tampa

State

FL

Zip Code

33625-6461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6662850

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Susan Hoffman

Mailing Address 13603 Cozy Pl

City

Tampa

State

FL

Zip Code

33625-6461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6102648

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Suzanne Costantino Jarvis

Mailing Address 6 Mendota Ln

City

Sea Ranch Lakes

State

FL

Zip Code

33308-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Transaction ID: C6474940

Amount of Each Receipt this Period

125.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Bradford Johnson

Mailing Address 808 Magnolia Shores Dr

City

Niceville

State

FL

Zip Code

32578-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Us Air Force

Occupation  
Electronics Engineer

Receipt For:

2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662823

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Bradford Johnson

Mailing Address 808 Magnolia Shores Dr

City

Niceville

State

FL

Zip Code

32578-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Us Air Force

Occupation

Electronics Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102610

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Keeler

Mailing Address 1463 Seafarer Dr

City

Osprey

State

FL

Zip Code

34229-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2878.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C6662830

Amount of Each Receipt this Period

1439.25

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Keeler

Mailing Address 1463 Seafarer Dr

City

Osprey

State

FL

Zip Code

34229-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2878.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C6102642

Amount of Each Receipt this Period

1439.25

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

F J King

Mailing Address 6514 Aqueduct Ct

City

Tallahassee

State

FL

Zip Code

32309-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: C6102607

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

F J King

Mailing Address 6514 Aqueduct Ct

City

Tallahassee

State

FL

Zip Code

32309-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102618

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

F King

Mailing Address 6514 Aqueduct Ct

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: C6662813

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

F King

Mailing Address 6514 Aquaduct Ct

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662817

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Klein for Congress Inc.

Mailing Address 21301 Powerline Rd  
Ste 204

City

Boca Raton

State

FL

Zip Code

33433-2390

FEC ID number of contributing  
federal political committee.

C

C00410522

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: C6095839

Amount of Each Receipt this Period

25000.00

**C.**

Full Name (Last, First, Middle Initial)

MARY LANDSMAN

Mailing Address 2730 SW 14TH DR

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474941

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

MARY LANDSMAN

Mailing Address 2730 SW 14TH DR

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C6474942

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

William Larson

Mailing Address 9031 SW 49th St

City

Cooper City

State

FL

Zip Code

33328-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662837

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

William Larson

Mailing Address 9031 SW 49th St

City

Cooper City

State

FL

Zip Code

33328-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102619

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Marcy Lewis

Mailing Address 11111 Biscayne Blvd  
PH 52

City State Zip Code  
North Miami FL 33181-3404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
75.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C6474943

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Daniel M. Lyons

Mailing Address 13685 Rivoli Dr

City State Zip Code  
Palm Bch Gdns FL 33410-1239

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474944

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

HANNAH MALKIN

Mailing Address 1514 HERON DR

City State Zip Code  
SUN CITY CENTER FL 33573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474945

Amount of Each Receipt this Period

125.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Carroll McCall

Mailing Address 2677 Blue Cypress Lake Ct

City

Cape Coral

State

FL

Zip Code

33909-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102620

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Carroll McCall

Mailing Address 2677 Blue Cypress Lake Ct

City

Cape Coral

State

FL

Zip Code

33909-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662838

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Marjorie McDonald

Mailing Address 165 Abeto Ter

City

Sebastian

State

FL

Zip Code

32958-6231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662839

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Marjorie McDonald

Mailing Address 165 Abeto Ter

City

Sebastian

State

FL

Zip Code

32958-6231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102624

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Connie C McEvoy

Mailing Address 5391 Rose Marie Ave N

City

Boynton Beach

State

FL

Zip Code

33472-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102644

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Connie McEvoy

Mailing Address 5391 Rose Marie Ave N

City

Boynton Beach

State

FL

Zip Code

33472-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662843

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Palmer McGee

Mailing Address 16521 Cypress Villa Ln

City

Fort Myers

State

FL

Zip Code

33908-7609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Homemaker

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662858

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Palmer McGee

Mailing Address 16521 Cypress Villa Ln

City

Fort Myers

State

FL

Zip Code

33908-7609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Homemaker

Receipt For: 2011

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102632

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Susan McMillan

Mailing Address 3105 Arrowsmith Rd

City

Wimauma

State

FL

Zip Code

33598-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THERAPIST

Occupation

Therapist

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: C6474946

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Susan McMillan

Mailing Address 3105 Arrowsmith Rd

City

Wimauma

State

FL

Zip Code

33598-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THERAPIST

Occupation  
Therapist

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: C6474947

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

William McWhorter

Mailing Address 11114 NW 38th Ln

City

Gainesville

State

FL

Zip Code

32606-4986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662824

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

William McWhorter

Mailing Address 11114 NW 38th Ln

City

Gainesville

State

FL

Zip Code

32606-4986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102611

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Carrie P. Meek

Mailing Address PO Box 470925

City

Miami

State

FL

Zip Code

33247-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C6474957

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

LOUIS MERVAR

Mailing Address 6065 Verde Trl S  
Apt G302

City

Boca Raton

State

FL

Zip Code

33433-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662859

Amount of Each Receipt this Period

323.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

LOUIS MERVAR

Mailing Address 6065 Verde Trl S  
Apt G302

City

Boca Raton

State

FL

Zip Code

33433-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102633

Amount of Each Receipt this Period

323.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
CHARLOTTE MOONEY

Mailing Address PO BOX 52

City State Zip Code  
NEW SMYRNA BEACH FL 32170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
165.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: C6474962

Amount of Each Receipt this Period

115.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)  
CHARLOTTE MOONEY

Mailing Address PO BOX 52

City State Zip Code  
NEW SMYRNA BEACH FL 32170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
165.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: C6474963

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)  
Rebecca Moore

Mailing Address 2635 Highway 73

City State Zip Code  
Marianna FL 32448-5451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Husband

Occupation  
Housewife

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474958

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Lois M Naylor

Mailing Address 160 56th Ave S

City

Saint Petersburg

State

FL

Zip Code

33705-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662829

Amount of Each Receipt this Period

427.50

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Lois Naylor

Mailing Address 160 56th Ave S

City

Saint Petersburg

State

FL

Zip Code

33705-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102625

Amount of Each Receipt this Period

427.50

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

CLYDE PENCE

Mailing Address 660 ADAMS DIVE

City

CRESTVIEW

State

FL

Zip Code

32536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOCTOR

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: C6474964

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Ann Pierson

Mailing Address 1831 NW 10th Ave

City

Gainesville

State

FL

Zip Code

32605-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662846

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Ann Pierson

Mailing Address 1831 NW 10th Ave

City

Gainesville

State

FL

Zip Code

32605-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102641

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

JAMES RAINEY

Mailing Address 3300 NE 36th St  
Apt 1710

City

Fort Lauderdale

State

FL

Zip Code

33308-6748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474960

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Donna J. Rich

Mailing Address 6830 SW 48th Ter

City

Miami

State

FL

Zip Code

33155-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rio Palenque Res Corp

Occupation

Microbiologist

Receipt For: 2012

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C6474948

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

James Riordan

Mailing Address 7111 Wild Forest Ct  
Apt 101

City

Naples

State

FL

Zip Code

34109-7856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: C6662851

Amount of Each Receipt this Period

23.75

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

James Riordan

Mailing Address 7111 Wild Forest Ct  
Apt 101

City

Naples

State

FL

Zip Code

34109-7856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2011

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: C6662852

Amount of Each Receipt this Period

23.75

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

James Riordan

Mailing Address 7111 Wild Forest Ct  
Apt 101

City State Zip Code  
Naples FL 34109-7856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: C6102649

Amount of Each Receipt this Period

23.75

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

James Riordan

Mailing Address 7111 Wild Forest Ct  
Apt 101

City State Zip Code  
Naples FL 34109-7856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: C6102650

Amount of Each Receipt this Period

23.75

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Larry S. S. Roberts

Mailing Address 27700 SW 164th Ave  
Apt 207

City State Zip Code  
Homestead FL 33031-2846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
biologist

Receipt For:

2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474953

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Beverly Rolle

Mailing Address 4940 SW 158th Ave

City

Miramar

State

FL

Zip Code

33027-4969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662840

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Beverly Rolle

Mailing Address 4940 SW 158th Ave

City

Miramar

State

FL

Zip Code

33027-4969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102626

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Eva Rus-Biason

Mailing Address 2240 SW 23rd St

City

Miami

State

FL

Zip Code

33145-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102612

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Eva Rus-Biason

Mailing Address 2240 SW 23rd St

City

Miami

State

FL

Zip Code

33145-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102613

Amount of Each Receipt this Period

237.50

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Eva Rus-Biason

Mailing Address 2240 SW 23rd St

City

Miami

State

FL

Zip Code

33145-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Pharmacist

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662825

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Eva Rus-Biason

Mailing Address 2240 SW 23rd St

City

Miami

State

FL

Zip Code

33145-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Pharmacist

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662826

Amount of Each Receipt this Period

237.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Martin Sass

Mailing Address 704 Bridgewood Dr

City

Boca Raton

State

FL

Zip Code

33434-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662832

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Martin Sass

Mailing Address 704 Bridgewood Dr

City

Boca Raton

State

FL

Zip Code

33434-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102645

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\* Victory Fund

**C.**

Full Name (Last, First, Middle Initial)

Bruce E. Savage

Mailing Address 2005 Chickwood Ct

City

Tampa

State

FL

Zip Code

33618-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation

na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6102640

Amount of Each Receipt this Period

71.25

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Bruce E. Savage

Mailing Address 2005 Chickwood Ct

City

Tampa

State

FL

Zip Code

33618-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
na

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6662845

Amount of Each Receipt this Period

71.25

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

JOYCE SCHNEIDER

Mailing Address 3435 FOX RUN RD UNIT 360

City

SARASOTA

State

FL

Zip Code

34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C6474965

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

JOYCE SCHNEIDER

Mailing Address 3435 FOX RUN RD UNIT 360

City

SARASOTA

State

FL

Zip Code

34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474966

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY SCJARRETTA

Mailing Address 7643 ESTRELLA CIR

City

BOCA RATON

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474967

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Irwin Slater

Mailing Address 200 Lake Ave NE  
Apt 419

City

Largo

State

FL

Zip Code

33771-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.H. Slater Trust UTD

Occupation

Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6662820

Amount of Each Receipt this Period

475.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Irwin Slater

Mailing Address 200 Lake Ave NE  
Apt 419

City

Largo

State

FL

Zip Code

33771-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.H. Slater Trust UTD

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: C6102614

Amount of Each Receipt this Period

475.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
CAROLYN SMITH

Mailing Address 1111 5th St W

City State Zip Code  
Palmetto FL 34221-4910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
53.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: C6474961

Amount of Each Receipt this Period

53.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)  
Alfred Staggs

Mailing Address 1624 SW 28th Ave

City State Zip Code  
Ft Lauderdale FL 33312-3949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662841

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)  
Alfred Staggs

Mailing Address 1624 SW 28th Ave

City State Zip Code  
Ft Lauderdale FL 33312-3949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102627

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

ROD STOCKER

Mailing Address 6035 Chandelle Cir

City

Pensacola

State

FL

Zip Code

32507-8105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOD

Occupation  
MED TECH

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: C6474959

Amount of Each Receipt this Period

21.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

PEGGY STRAHMAN

Mailing Address 1569 LEWIS LN

City

NEW SMYRNA

State

FL

Zip Code

32168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474968

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Richard Swan

Mailing Address 700 Melrose Ave  
Apt M3

City

Winter Park

State

FL

Zip Code

32789-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Of Chicago

Occupation  
Retired

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662842

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Richard Swan

Mailing Address 700 Melrose Ave  
Apt M3

City State Zip Code  
Winter Park FL 32789-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ Of Chicago

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102628

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Roy Tate

Mailing Address 3401 Seaway Dr

City State Zip Code  
New Prt Rchy FL 34652-8000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662853

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Roy Tate

Mailing Address 3401 Seaway Dr

City State Zip Code  
New Prt Rchy FL 34652-8000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102651

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\* Victory Fund

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Judith Thomson

Mailing Address 5969 San Michelle Dr  
Same

City State Zip Code  
Sarasota FL 34243-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102654

Amount of Each Receipt this Period

285.00

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

Judith Thomson

Mailing Address 5969 San Michelle Dr  
Same

City State Zip Code  
Sarasota FL 34243-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662855

Amount of Each Receipt this Period

285.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Ralph V. Turner

Mailing Address 842 Santa Rosa Dr

City State Zip Code  
Tallahassee FL 32301-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: C6474952

Amount of Each Receipt this Period

85.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
UNITEMIZED CONTRIBUTIONS

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
24560.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: C6474918

Amount of Each Receipt this Period

24560.14

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)  
ROSALYNE WEINER

Mailing Address 3040 GRAND BAY BLVD UNIT 242

City State Zip Code  
LONGBOAT KEY FL 34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
Information Requested

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: C6474969

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Wideman

Mailing Address 1100 E Pearl St

City State Zip Code  
Monticello FL 32344-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson County Schools

Occupation  
Teacher

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C6474954

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Nancy Wideman

Mailing Address 1100 E Pearl St

City

Monticello

State

FL

Zip Code

32344-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson County Schools

Occupation  
Teacher

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: C6474955

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Nancy Wideman

Mailing Address 1100 E Pearl St

City

Monticello

State

FL

Zip Code

32344-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson County Schools

Occupation  
Teacher

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: C6474956

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Roger M. Wise

Mailing Address 5350 Lake Le Clare Rd

City

Lutz

State

FL

Zip Code

33558-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RETIRED CHEMIST

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C6474949

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Roger M. Wise

Mailing Address 5350 Lake Le Clare Rd

City

Lutz

State

FL

Zip Code

33558-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RETIRED CHEMIST

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: C6474950

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Roger M. Wise

Mailing Address 5350 Lake Le Clare Rd

City

Lutz

State

FL

Zip Code

33558-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RETIRED CHEMIST

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6474951

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)

Roger M. Wise

Mailing Address 5350 Lake Le Clare Rd

City

Lutz

State

FL

Zip Code

33558-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RETIRED CHEMIST

Receipt For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6662844

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Roger M. Wise

Mailing Address 5350 Lake Le Clare Rd

City

Lutz

State

FL

Zip Code

33558-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RETIRED CHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C6102638

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\* Victory Fund

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ZEORLIN

Mailing Address 137 HARRISON ST

City

TITUSVILLE

State

FL

Zip Code

32780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

Information Requested

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: C6474970

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

139028.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1706.12

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: C6095853

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Switchboard Communications

Mailing Address 888 16th St NW  
Ste 333

City

Washington

State

DC

Zip Code

20006-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10125.01

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: C5662402

Amount of Each Receipt this Period

10125.01

**SUBTOTAL** of Receipts This Page (optional) .....

10145.01

**TOTAL** This Period (last page this line number only) .....

10145.01

A. Form/Schedule : **SA15**  
Transaction ID : **C6095853**

Credit for wire fees paid in November

B. Form/Schedule : **SA15**  
Transaction ID : **C5662402**

Offset of disbursement made to Switchboard Communications on 10/28/2010. Paid entirely with federal funds.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1706.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C5655223

Amount of Each Receipt this Period

24.14

**B.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1706.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: C6095835

Amount of Each Receipt this Period

345.00

**C.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1706.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: C6095837

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

419.14

**TOTAL** This Period (last page this line number only) .....



B. Form/Schedule : **SA17**

Credit of wire fees for November 2010

Transaction ID : **C6095835**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 235

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1706.12

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: C6095882

Amount of Each Receipt this Period

20.42

**SUBTOTAL** of Receipts This Page (optional) .....

20.42

**TOTAL** This Period (last page this line number only) .....

439.56

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Action Mail Services, Inc.  | <b>Transaction ID:</b> D346622<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1904 Premier Row   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32809-6206  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Shipping and Preparation<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">5531.93</td> </tr> </table>  | 5531.93 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5531.93  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Taylor Adam   | <b>Transaction ID:</b> D349870<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8401 Lake Worth Rd   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lake Worth State FL Zip Code 33467-2427   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Canvass Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">312.50</td> </tr> </table>   | 312.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 312.50   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Jonathan Adrabi   | <b>Transaction ID:</b> D346656<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1050 Brickell Ave Apt 2204   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Miami State FL Zip Code 33131-3909  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Consulting/Communications<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**6844.43**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |  |
|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>American Express Merchant Services  | <b>Transaction ID:</b> D364053<br><b>Date of Disbursement</b>  |
| Mailing Address PO Box 53852   | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 0 / 2 0 1 0</div> </div> |
| City Phoenix State AZ Zip Code 85072-3852  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement Merchant Service Fee<br>Candidate Name   | <div> <div>11.00</div> <div>Category/Type</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>American Express Merchant Services  | <b>Transaction ID:</b> D364057<br><b>Date of Disbursement</b>  |
| Mailing Address PO Box 53852   | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 7 / 2 0 1 0</div> </div> |
| City Phoenix State AZ Zip Code 85072-3852  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement Merchant Service Fee<br>Candidate Name   | <div> <div>50.00</div> <div>Category/Type</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Eric Anderson   | <b>Transaction ID:</b> D349825<br><b>Date of Disbursement</b>  |
| Mailing Address 311 N Federal Hwy  | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 3 0 / 2 0 1 0</div> </div> |
| City Lake Worth State FL Zip Code 33460-3452   | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement Canvass Fee<br>Candidate Name  | <div> <div>287.50</div> <div>Category/Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**348.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Adrian Arnillas   | <b>Transaction ID:</b> D347665<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 9899 NW 33rd St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Coral Springs State FL Zip Code 33065-4015  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">537.50</td> </tr> </table>   | 537.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 537.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>LaShawna Arnold   | <b>Transaction ID:</b> D349807<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5742 Fletcher St   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Hollywood State FL Zip Code 33023-2326  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">206.25</td> </tr> </table>   | 206.25 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 206.25   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Thais Arsolino  | <b>Transaction ID:</b> D347668<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2910 SW 22nd Cir Apt E1  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Delray Beach State FL Zip Code 33445-7864   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">262.50</td> </tr> </table>   | 262.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 262.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1006.25

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

162.50

656.25

1.30

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Avis Rent A Car - Corporate

Mailing Address 6 Sylvan Way

City  
Parsippany

State  
NJ

Zip Code  
07054-3826

Purpose of Disbursement  
Auto Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D364593

Date of Disbursement

11 / 23 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Avis Rent A Car - Corporate

Mailing Address 6 Sylvan Way

City  
Parsippany

State  
NJ

Zip Code  
07054-3826

Purpose of Disbursement  
Auto travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D379586

Date of Disbursement

11 / 29 / 2010

Amount of Each Disbursement this Period

4.75

C.

Full Name (Last, First, Middle Initial)

Chad Bacon

Mailing Address 1710 NW 3rd Ave  
Apt 2

City  
Fort Lauderdale

State  
FL

Zip Code  
33311-4800

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347669

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

537.50

SUBTOTAL of Disbursements This Page (optional) .....

617.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Arthur Bailey   | <b>Transaction ID:</b> D347670<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6470 NW 26th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Sunrise State FL Zip Code 33313-2125  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">440.63</td> </tr> </table>   | 440.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 440.63   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Henrick Bailey  | <b>Transaction ID:</b> D347671<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6470 NW 26th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Sunrise State FL Zip Code 33313-2125  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>   | 225.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 225.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Sadie-Ann Bailey  | <b>Transaction ID:</b> D347672<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6470 NW 26th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Sunrise State FL Zip Code 33313-2125  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">278.13</td> </tr> </table>   | 278.13 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 278.13   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

943.76

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rupert Barnett

Mailing Address 8401 Lake Worth Rd

City  
Lake Worth

State  
FL

Zip Code  
33467-2427

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349871

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

162.50

B.

Full Name (Last, First, Middle Initial)

Boris Bastidas

Mailing Address 1880 Florida Atlantic Blvd  
# 24N

City  
Boca Raton

State  
FL

Zip Code  
33431-6455

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347673

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Alex Batista

Mailing Address 10705 NW 64th Ct

City  
Parkland

State  
FL

Zip Code  
33076-3769

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347674

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

275.00

**SUBTOTAL** of Disbursements This Page (optional) .....

662.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Laura Batista   | <b>Transaction ID:</b> D347675<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 10705 NW 64th Ct   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Parkland State FL Zip Code 33076-3769   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">637.50</td> </tr> </table>   | 637.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 637.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Clarence Bednar   | <b>Transaction ID:</b> D349805<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5462 Mirror Lakes Blvd   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boynton Beach State FL Zip Code 33472-1222  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">175.00</td> </tr> </table>   | 175.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 175.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Joan Bednar   | <b>Transaction ID:</b> D349804<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5462 Mirror Lakes Blvd   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boynton Beach State FL Zip Code 33472-1222  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">175.00</td> </tr> </table>   | 175.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 175.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**987.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Travis Bejlovec   | <b>Transaction ID:</b> D347729<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 524 NE 6th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 0 | 3 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 2   |        | 0 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33060-6226  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">425.00</td> </tr> </table>   | 425.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 425.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Berkley Bell  | <b>Transaction ID:</b> D347523<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1739 Morgans Mill Cir  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>   | 150.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 150.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Tim Benitez   | <b>Transaction ID:</b> D349817<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6260 NW 76th Ct  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Parkland State FL Zip Code 33067-2432   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">462.50</td> </tr> </table>   | 462.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 462.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1037.50

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Theresa Bertram

Mailing Address 1824 N University Dr

City  
Plantation

State  
FL

Zip Code  
33322-4114

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349869

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

437.50

B.

Full Name (Last, First, Middle Initial)

Ginetta Bethol

Mailing Address 106 10th Ave.

City  
Delray Beach

State  
FL

Zip Code  
33444

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349811

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Blair

Mailing Address 511 SE 18th Ave

City  
Pompano Beach

State  
FL

Zip Code  
33060-7633

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349810

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

653.13

**SUBTOTAL** of Disbursements This Page (optional) .....

1215.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Tiffany Blocker

Mailing Address 1824 N University Dr

City  
Plantation

State  
FL

Zip Code  
33322-4114

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D382729

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

587.50

B.

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address PO Box 2210

City  
Jacksonville

State  
FL

Zip Code  
32203-2210

Purpose of Disbursement  
Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347586

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

4256.65

C.

Full Name (Last, First, Middle Initial)

Nicholas Bois

Mailing Address 2010 S Conference Dr

City  
Boca Raton

State  
FL

Zip Code  
33486-3127

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349809

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

312.50

SUBTOTAL of Disbursements This Page (optional) .....

5156.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Aliya Bonar   | <b>Transaction ID:</b> D347664<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 702 Lake Shore Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Delray Beach State FL Zip Code 33444-2848   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>   | 125.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 125.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Danielle Brantley   | <b>Transaction ID:</b> D347528<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1739 Morgans Mill Cir  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">450.00</td> </tr> </table>   | 450.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 450.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Shamonica Brantley  | <b>Transaction ID:</b> D347534<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1739 Morgans Mill Cir  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>   | 150.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 150.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**725.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Brighthouse Networks</p> <p>Mailing Address PO Box 31337<br/>10305 NW 41st St.,Ste 201</p> <p>City Tampa State FL Zip Code 33631-3337</p> <p>Purpose of Disbursement<br/>Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D346653</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.50"/></p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Brighthouse Networks</p> <p>Mailing Address PO Box 31337<br/>10305 NW 41st St.,Ste 201</p> <p>City Tampa State FL Zip Code 33631-3337</p> <p>Purpose of Disbursement<br/>Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D346654</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="84.95"/></p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Rachel Broderick</p> <p>Mailing Address 528 N Palmway</p> <p>City Lake Worth State FL Zip Code 33460-3125</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                          | <p><b>Transaction ID:</b> D349820</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="587.50"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**694.95**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Russell Broderick

Mailing Address 528 N Palmway

City  
Lake Worth

State  
FL

Zip Code  
33460-3125

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349819

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

387.50

B.

Full Name (Last, First, Middle Initial)

Shadae Bromfield

Mailing Address 10941 Winding Creek Ln

City  
Boca Raton

State  
FL

Zip Code  
33428-5664

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349818

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Brookley

Mailing Address 1768 16th Ave N

City  
Lake Worth

State  
FL

Zip Code  
33460-6422

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347663

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

900.00

SUBTOTAL of Disbursements This Page (optional) .....

1537.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Andrew L. Brown

Mailing Address 13301 NW 18th Pl

City  
Miami

State  
FL

Zip Code  
33167-1528

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349868

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Brittney Brown

Mailing Address 709 SW 10th St

City  
Delray Beach

State  
FL

Zip Code  
33444-2219

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349822

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

37.50

C.

Full Name (Last, First, Middle Initial)

Tammy Brown

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347539

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

**SUBTOTAL** of Disbursements This Page (optional) .....

762.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Michael Budwah

Mailing Address 4155 NW 90th Ave  
Apt 106

City State Zip Code  
Coral Springs FL 33065-1793

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347661

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Bungarz

Mailing Address 520 West County Rd

City State Zip Code  
Bunnell FL 32110

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347662

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

512.50

C.

Full Name (Last, First, Middle Initial)

Matt Burger

Mailing Address 221 SW 6th St

City State Zip Code  
Boynton Beach FL 33426-4316

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349827

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

37.50

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Solomon Burgess, Jr   | <b>Transaction ID:</b> D347660<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2744 NW 3rd St   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33069-2161  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">690.63</td> </tr> </table>   | 690.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 690.63   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ahmed Burton  | <b>Transaction ID:</b> D349826<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 133 NW 5th Ave Apt 8   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Delray Beach State FL Zip Code 33444-2673   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>   | 200.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 200.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Bernard Bush  | <b>Transaction ID:</b> D349867<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1311 Highwoods Pass  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Grovetown State GA Zip Code 30813-3993  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>   | 275.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 275.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1165.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Eddie Caesar

Mailing Address 1048 Sunset Ave

City  
Delray Beach

State  
FL

Zip Code  
33444-2234

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349785

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

37.50

B.

Full Name (Last, First, Middle Initial)

Amanda Camacho

Mailing Address 8401 Lake Worth Rd

City  
Lake Worth

State  
FL

Zip Code  
33467-2427

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349866

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

312.50

C.

Full Name (Last, First, Middle Initial)

Samantha Campbell

Mailing Address 16480 S Post Rd  
Apt 103

City  
Weston

State  
FL

Zip Code  
33331-3562

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349823

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

325.00

**SUBTOTAL** of Disbursements This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Giancarlo Candia  | <b>Transaction ID:</b> D347650<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 7771 Blairwood Cir N   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lake Worth State FL Zip Code 33467-1803   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">362.50</td> </tr> </table>   | 362.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 362.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kendra Caneo  | <b>Transaction ID:</b> D347651<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 815 Indian River St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boca Raton State FL Zip Code 33431-6459   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">112.50</td> </tr> </table>   | 112.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 112.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>George Cannon   | <b>Transaction ID:</b> D347656<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2832 NE 35th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Fort Lauderdale State FL Zip Code 33306-2006  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">312.50</td> </tr> </table>   | 312.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 312.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**787.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Hamiton Cannon

Mailing Address 2832 NE 35th St

City State Zip Code  
Fort Lauderdale FL 33306-2006

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347657

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

312.50

B.

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

Purpose of Disbursement

Merchant Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D364061

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

Purpose of Disbursement

Merchant Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D364062

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

32.00

SUBTOTAL of Disbursements This Page (optional) .....

364.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement<br/>Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> D364063</p> <p>Date of Disbursement<br/> <div> <div>12</div> <div>21</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>30.00</div> </p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement<br/>Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> D364637</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>20.00</div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Elieth Carrillo</p> <p>Mailing Address 9273 SW 8th St<br/>Apt 315</p> <p>City Boca Raton State FL Zip Code 33428-6872</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D347659</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>100.00</div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**150.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shari Ceasar

Mailing Address 1048 Sunset Ave

City  
Delray Beach

State  
FL

Zip Code  
33444-2234

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349786

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Catherine Chalker

Mailing Address 1325 Haverhill Rd N

City  
West Palm Beach

State  
FL

Zip Code  
33417-5811

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347687

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Jasmine Chatfield

Mailing Address 1824 N University Dr

City  
Plantation

State  
FL

Zip Code  
33322-4114

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349873

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

237.50

**SUBTOTAL** of Disbursements This Page (optional) .....

587.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Eimar Chavez

Mailing Address 1824 N University Dr

City State Zip Code  
Plantation FL 33322-4114

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349874

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Jay Cherry

Mailing Address 4155 NW 90th Ave

City State Zip Code  
Coral Springs FL 33065

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D379619

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Church

Mailing Address 3271 NW 114th Ave

City State Zip Code  
Pompano Beach FL 33065-3107

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347649

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christian Cintron

Mailing Address 801 Arthur Godfrey Rd

City State Zip Code  
Miami Beach FL 33140-3323

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349875

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

387.50

B.

Full Name (Last, First, Middle Initial)

City of Oviedo

Mailing Address 400 Alexandria Blvd

City State Zip Code  
Oviedo FL 32765-5514

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D346681

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

211.42

C.

Full Name (Last, First, Middle Initial)

Michael Clark

Mailing Address 1739 Morgans Mill Cir

City State Zip Code  
Orlando FL 32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347515

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional) .....

1048.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Horace Clarke

Mailing Address 532 SW 9th St

City  
Belle Glade

State  
FL

Zip Code  
33430-3262

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349829

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

162.50

B.

Full Name (Last, First, Middle Initial)

James Clermont

Mailing Address 332 Balsam St

City  
Palm Beach Gardens

State  
FL

Zip Code  
33410-4809

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347646

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

162.50

C.

Full Name (Last, First, Middle Initial)

Jeff Cohen

Mailing Address 1015 Spanish River Rd

City  
Boca Raton

State  
FL

Zip Code  
33432-7600

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347647

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

475.00

**SUBTOTAL** of Disbursements This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Jackie Coleman  | <b>Transaction ID:</b> D347648<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 82 Canterbury Drive  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Palm Beach State FL Zip Code 33417   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td>293.75</td> </tr> </table>  | 293.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 293.75   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Michael Coleman   | <b>Transaction ID:</b> D349877<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2605 McIntosh Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lakeland State FL Zip Code 33815-3690   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td>87.50</td> </tr> </table>   | 87.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 87.50  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Lorraine Cornille   | <b>Transaction ID:</b> D379543<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 660297  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32816-0001  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td>360.00</td> </tr> </table>  | 360.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 360.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**741.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Lorraine Cornillie

Mailing Address PO Box 660297

City  
Orlando

State  
FL

Zip Code  
32816-0001

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347805

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Harley Cornwell

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347517

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Jhoel Correa

Mailing Address 4109 Cedar Creek Rd

City  
Boca Raton

State  
FL

Zip Code  
33487-2256

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349784

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Cameron Covington

Mailing Address 2583 SW 157th Ave

City Miramar State FL Zip Code 33027-4278

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347645

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Charles Crawford

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347526

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Justin Crayton

Mailing Address 1750 Eagle Trace Blvd

City Coral Springs State FL Zip Code 33071-7817

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349799

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ashley Cuestas  | <b>Transaction ID:</b> D349800<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 10123 Canoe Brook Cir  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boca Raton State FL Zip Code 33498-4652   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">37.50</td> </tr> </table>  | 37.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 37.50  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Teddy Daniels   | <b>Transaction ID:</b> D349801<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2501 Venetian Ct   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boynton Beach State FL Zip Code 33426-7463  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">331.25</td> </tr> </table>   | 331.25 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 331.25   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Deiufort Datis  | <b>Transaction ID:</b> D347642<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 510 East Kalmia Drive, Apt 1   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Palm Beach State FL Zip Code 33403   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">325.00</td> </tr> </table>   | 325.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 325.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**693.75**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Marie Datis   | <b>Transaction ID:</b> D347643<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 530 W Kalmia Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Palm Beach State FL Zip Code 33403-2261  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>   | 225.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 225.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ashley Davies   | <b>Transaction ID:</b> D347644<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 552 NW 87th Ter  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Coral Springs State FL Zip Code 33071-7181  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>   | 125.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 125.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Adrian Davis  | <b>Transaction ID:</b> D364064<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 532 SW 9th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 2   |        | 2 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Belle Glade State FL Zip Code 33430-3262  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">162.50</td> </tr> </table>   | 162.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 162.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**512.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Danielle Davis

Mailing Address 2131 NW 152nd St

City  
Opa LockaState  
FLZip Code  
33054-2804Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347640

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Deon Davis

Mailing Address 8401 Lake Worth Rd

City  
Lake WorthState  
FLZip Code  
33467-2427Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349879

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

162.50

**C.**

Full Name (Last, First, Middle Initial)

John DeCastro

Mailing Address 5200 NE 14th Way  
Apt 408City  
Fort LauderdaleState  
FLZip Code  
33334-4965Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347641

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

468.75

SUBTOTAL of Disbursements This Page (optional) .....

1031.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Diane Delossantos<br>Mailing Address 8916 NW 40th St  | <b>Transaction ID:</b> D349797<br><b>Date of Disbursement</b><br><div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City State Zip Code<br>Coral Springs FL 33065-2962<br>Purpose of Disbursement<br>Canvass Fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>50.00</div>   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Larry Dennard<br>Mailing Address 11478 Silk Carnation Way<br>City State Zip Code<br>Royal Palm Beach FL 33411-4201<br>Purpose of Disbursement<br>Canvass Fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> D349882<br><b>Date of Disbursement</b><br><div> <div>11</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>50.00</div> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Hans Deslume<br>Mailing Address 619 Minnesota St<br>City State Zip Code<br>Lantana FL 33462-2701<br>Purpose of Disbursement<br>Canvass Fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | <b>Transaction ID:</b> D347612<br><b>Date of Disbursement</b><br><div> <div>11</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>37.50</div> |

**SUBTOTAL** of Disbursements This Page (optional) .....

137.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Stevenson Deslume

Mailing Address 271 Miner Rd

City  
Boynton BeachState  
FLZip Code  
33435-1833Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347849

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

312.50

**B.**

Full Name (Last, First, Middle Initial)

Ernest DeZavala

Mailing Address 740 Meridale Ave

City  
OrlandoState  
FLZip Code  
32803-4259Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347806

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

480.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest DeZavala

Mailing Address 740 Meridale Ave

City  
OrlandoState  
FLZip Code  
32803-4259Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D379544

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

480.00

SUBTOTAL of Disbursements This Page (optional) .....

1272.50

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Lakesha Douglas

Mailing Address 404 SW 2nd St  
Apt 45

City State Zip Code  
Deerfield Beach FL 33441-3245

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347639

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

681.25

B.

Full Name (Last, First, Middle Initial)

John Duva

Mailing Address 801 Arthur Godfrey Rd

City State Zip Code  
Miami Beach FL 33140-3323

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349880

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Mike Eberhardt

Mailing Address 1824 N University Dr

City State Zip Code  
Plantation FL 33322-4114

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349881

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

87.50

SUBTOTAL of Disbursements This Page (optional) .....

993.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE<br/>Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement<br/>Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D364059</p> <p>Date of Disbursement<br/>12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period<br/>526.90</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE<br/>Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement<br/>Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D364049</p> <p>Date of Disbursement<br/>12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period<br/>30.00</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE<br/>Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement<br/>Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D364050</p> <p>Date of Disbursement<br/>12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period<br/>27.15</p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

584.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Tamsha Everett  | <b>Transaction ID:</b> D347636<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2541 NW 152nd Terrace  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Opa Locka State FL Zip Code 33054   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">187.50</td> </tr> </table>   | 187.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 187.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Jim Ewing   | <b>Transaction ID:</b> D379621<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1824 North University Drive  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Plantation State FL Zip Code 33321  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>   | 100.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 100.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Dominic Fabres  | <b>Transaction ID:</b> D347637<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 515 Santander Ave Apt 2  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Coral Gables State FL Zip Code 33134-6520   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Salary<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">478.13</td> </tr> </table>   | 478.13 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 478.13   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**765.63**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Jacob Fagan  | <b>Transaction ID:</b> D347638<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5162 Lake Osborne Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lake Worth State FL Zip Code 33461-6050   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">212.50</td> </tr> </table>   | 212.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 212.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Brad Fair  | <b>Transaction ID:</b> D349798<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6895 Fountain Circle   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lake Worth State FL Zip Code 33407  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">287.50</td> </tr> </table>   | 287.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 287.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Wood Fague   | <b>Transaction ID:</b> D349878<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1824 N University Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Plantation State FL Zip Code 33322-4114   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>   | 125.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 125.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**625.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Trevor Feagin   | <b>Transaction ID:</b> D347635<br><b>Date of Disbursement</b>   |
| Mailing Address 9416 NW 54th St  | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>3</div> <div><small>D</small>0</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div> |
| City Sunrise State FL Zip Code 33351-7799  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>1500.00</div> <div>Category/Type</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Gabby Felix   | <b>Transaction ID:</b> D349792<br><b>Date of Disbursement</b>   |
| Mailing Address 6750 NW 21st St  | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>3</div> <div><small>D</small>0</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div> |
| City Margate State FL Zip Code 33063-2116  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>112.50</div> <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Betshina Ferancois  | <b>Transaction ID:</b> D347630<br><b>Date of Disbursement</b>   |
| Mailing Address 1240 W 37th St   | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>3</div> <div><small>D</small>0</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div> |
| City West Palm Beach State FL Zip Code 33404-2017  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>225.00</div> <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1837.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Andrew Ferrin

Mailing Address 17424 NW 10th St

City  
Pembroke Pines

State  
FL

Zip Code  
33029-3116

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347631

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

687.50

B.

Full Name (Last, First, Middle Initial)

Florida Power & Light Company

Mailing Address PO Box 25576

City  
Miami

State  
FL

Zip Code  
33102-5576

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D346597

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

94.29

C.

Full Name (Last, First, Middle Initial)

Clayton Flotz

Mailing Address 12265 NW 7th Dr

City  
Coral Springs

State  
FL

Zip Code  
33071-4068

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347632

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

268.75

SUBTOTAL of Disbursements This Page (optional) .....

1050.54

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ryan Frazier

Mailing Address 515 NE 25th Ave

City  
Boynton Beach

State  
FL

Zip Code  
33435-2139

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347725

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

737.50

B.

Full Name (Last, First, Middle Initial)

Bernard Freedman

Mailing Address 10584 Royal Caribbean Cir

City  
Boynton Beach

State  
FL

Zip Code  
33437-4284

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349830

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Nelson Fridline

Mailing Address 635 Australian Cir

City  
West Palm Beach

State  
FL

Zip Code  
33403-2514

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347728

Date of Disbursement

12 / 14 / 2010

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

1112.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Douglas Fuller

Mailing Address 735 NW 126th Ave

City  
Coral Springs

State  
FL

Zip Code  
33071-4424

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347713

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Anthony Fullerton

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347538

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Velita Fullerton

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347540

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Maya Gabriel  | <b>Transaction ID:</b> D347714<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12310 Royal Palm Blvd  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Coral Springs State FL Zip Code 33065-3204  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">525.00</td> </tr> </table>   | 525.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 525.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Enrique Gago  | <b>Transaction ID:</b> D347715<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4334 NW 9th Ave Apt 113  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33064-1705  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>   | 125.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 125.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Valerie Galeano   | <b>Transaction ID:</b> D349831<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2538 NW 92nd Ave   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Coral Springs State FL Zip Code 33065-5108  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>   | 300.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 300.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**950.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Lizza Galloway

Mailing Address 9106 SW 22nd St  
Apt A

City Boca Raton State FL Zip Code 33428-7615

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347634

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

B.

Full Name (Last, First, Middle Initial)

Ryan George

Mailing Address 12884 Lower River Blvd

City Orlando State FL Zip Code 32828-9010

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D379600

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ryan George

Mailing Address 12884 Lower River Blvd

City Orlando State FL Zip Code 32828-9010

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D379601

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1112.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Dana George

Mailing Address 1824 N University Dr

City State Zip Code  
Plantation FL 33322-4114

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349890

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rose Giachette

Mailing Address 823 Wilcox Drive

City State Zip Code  
West Palm Beach FL 33403

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D382753

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

137.50

C.

Full Name (Last, First, Middle Initial)

Rose Giachette

Mailing Address 823 Wilcox Drive

City State Zip Code  
West Palm Beach FL 33403

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347789

Date of Disbursement

12 / 14 / 2010

Amount of Each Disbursement this Period

137.50

SUBTOTAL of Disbursements This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |  |  |                        |   |  |
|--|--|--|------------------------|---|--|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Willie Gilliard |  |                        | Transaction ID: D347585<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 1 4 / 2 0 1 0 |  |
|  | Mailing Address 2711 NW 21st St                            |  |                        | Amount of Each Disbursement this Period<br>1450.00  |  |
|  | City<br>Fort Lauderdale                                    | State<br>FL  | Zip Code<br>33311-3309 |   |  |
|  | Purpose of Disbursement<br>Salary                          |  | Category/<br>Type      |   |  |
|  | Candidate Name   |  |                        |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:   |  |  |                        |   |  |
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Chevin Gillon   |  |                        | Transaction ID: D347716<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 3 0 / 2 0 1 0 |  |
|  | Mailing Address 630 SW 14th St                             |  |                        | Amount of Each Disbursement this Period<br>462.50   |  |
|  | City<br>Deerfield Beach                                    | State<br>FL  | Zip Code<br>33441-6420 |   |  |
|  | Purpose of Disbursement<br>Canvass Fee                     |  | Category/<br>Type      |   |  |
|  | Candidate Name   |  |                        |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:   |  |  |                        |   |  |
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Randi Glickman  |  |                        | Transaction ID: D349832<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 1 / 3 0 / 2 0 1 0 |  |
|  | Mailing Address 9986 Holly Hill Dr                         |  |                        | Amount of Each Disbursement this Period<br>150.00   |  |
|  | City<br>Boynton Beach                                      | State<br>FL  | Zip Code<br>33437-3605 |   |  |
|  | Purpose of Disbursement<br>Canvass Fee                     |  | Category/<br>Type      |   |  |
|  | Candidate Name   |  |                        |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:   |  |  |                        |   |  |

SUBTOTAL of Disbursements This Page (optional) .....

2062.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Donald Godfrey

Mailing Address 504 W Perry St

City  
Lantana

State  
FL

Zip Code  
33462-4548

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D347717

Date of Disbursement

/   /

Amount of Each Disbursement this Period

412.50

**B.**

Full Name (Last, First, Middle Initial)

Spencer Goehrig

Mailing Address 1531 NW 109th Ter

City  
Coral Springs

State  
FL

Zip Code  
33071-6431

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D347718

Date of Disbursement

/   /

Amount of Each Disbursement this Period

512.50

**C.**

Full Name (Last, First, Middle Initial)

Moses Gonzalez

Mailing Address 9197 Ramblewood Dr  
Apt 727

City  
Coral Springs

State  
FL

Zip Code  
33071-7072

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D349833

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Christopher Granger   | <b>Transaction ID:</b> D349891<br><b>Date of Disbursement</b>   |
| Mailing Address 8401 Lake Worth Rd   | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Lake Worth State FL Zip Code 33467-2427   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>37.50</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Latoya Graves   | <b>Transaction ID:</b> D349834<br><b>Date of Disbursement</b>   |
| Mailing Address 5885 NW 23rd St  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Lauderhill State FL Zip Code 33313-3164   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>606.25</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>David Grider  | <b>Transaction ID:</b> D349835<br><b>Date of Disbursement</b>   |
| Mailing Address 23054 Post Gardens Way Apt 414   | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Boca Raton State FL Zip Code 33433-7115   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>37.50</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**681.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Scott Grumbman

Mailing Address 7480 Silver Woods Ct

City  
Boca Raton

State  
FL

Zip Code  
33433-3316

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349836

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

425.00

B.

Full Name (Last, First, Middle Initial)

Allison Grump

Mailing Address PO Box 166554

City  
Orlando

State  
FL

Zip Code  
32816-6554

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347548

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

580.00

C.

Full Name (Last, First, Middle Initial)

Allison Grump

Mailing Address PO Box 166554

City  
Orlando

State  
FL

Zip Code  
32816-6554

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D379598

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

580.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Gray Guerrier   | <b>Transaction ID:</b> D347611<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8572 Breezy Hill Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boynton Beach State FL Zip Code 33473-4898  | Amount of Each Disbursement this Period   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">37.50</td> </tr> </table>  | 37.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 37.50  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Nerlande Guerrier   | <b>Transaction ID:</b> D347633<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8572 Breezy Hill Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boynton Beach State FL Zip Code 33473-4898  | Amount of Each Disbursement this Period   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">37.50</td> </tr> </table>  | 37.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 37.50  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Richardine Guerrier   | <b>Transaction ID:</b> D349837<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8572 Breezy Hill Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Boynton Beach State FL Zip Code 33473-4898  | Amount of Each Disbursement this Period   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>   | 200.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 200.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**275.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Eveling Harrell

Mailing Address 532 SW 9th St

City  
Belle Glade

State  
FL

Zip Code  
33430-3262

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

162.50

B.

Full Name (Last, First, Middle Initial)

Sierra Hatcher

Mailing Address 401 NW 184th Ter

City  
Miami

State  
FL

Zip Code  
33169-4417

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347658

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jody Hayland

Mailing Address 1824 N University Dr

City  
Plantation

State  
FL

Zip Code  
33322-4114

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349892

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.50

**SUBTOTAL** of Disbursements This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ryan Hearn

Mailing Address 10937 NW 14th St

City  
Coral Springs

State  
FL

Zip Code  
33071-8214

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347719

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Dessy Hernandez

Mailing Address 12 SE 10th Ave  
Apt 1

City  
Fort Lauderdale

State  
FL

Zip Code  
33301-2051

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347720

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Herra

Mailing Address 10133 NW 48th Dr

City  
Coral Springs

State  
FL

Zip Code  
33076-1707

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347702

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

675.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2475.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Rodrigo Hidalgo</p> <p>Mailing Address 901 N Federal Hwy<br/>Apt 8</p> <p>City Lake Worth State FL Zip Code 33460-2695</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> D349840</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>50.00</div> </p>   |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Lisa Hosetler</p> <p>Mailing Address 14625 11th Ter</p> <p>City Loxahatchee State FL Zip Code 33470-4810</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> D349842</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>300.00</div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Tavia Huggins</p> <p>Mailing Address 2425 Mission Rd<br/>Apt 506</p> <p>City Tallahassee State FL Zip Code 32304-2602</p> <p>Purpose of Disbursement<br/>Prior Period Void 10/26/2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D382390</p> <p>Date of Disbursement<br/> <div> <div>12</div> <div>12</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>-315.00</div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**35.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ashley Hunter

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347529

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Denise Hyppolite

Mailing Address 609 SW 79th Ave

City  
North Lauderdale

State  
FL

Zip Code  
33068-2210

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347722

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

431.25

C.

Full Name (Last, First, Middle Initial)

Intuit Software

Mailing Address 2632 Marine Way

City  
Mountain View

State  
CA

Zip Code  
94043-1126

Purpose of Disbursement  
Admin Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347867

Date of Disbursement

12 / 03 / 2010

Amount of Each Disbursement this Period

185.95

SUBTOTAL of Disbursements This Page (optional) .....

767.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |  |
|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>William Isbel   | <b>Transaction ID:</b> D349889<br><b>Date of Disbursement</b>  |
| Mailing Address 8401 Lake Worth Rd   | <div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>3</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div> |
| City Lake Worth State FL Zip Code 33467-2427   | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>87.50</div> <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Sidney Issac  | <b>Transaction ID:</b> D347721<br><b>Date of Disbursement</b>  |
| Mailing Address 6876 Sugarloaf Key St  | <div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>3</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div> |
| City Lake Worth State FL Zip Code 33467-7652   | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>143.75</div> <div>Category/Type</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Kami Jackson  | <b>Transaction ID:</b> D347532<br><b>Date of Disbursement</b>  |
| Mailing Address 1739 Morgans Mill Cir  | <div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>3</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div> |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>150.00</div> <div>Category/Type</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |

**SUBTOTAL** of Disbursements This Page (optional) .....

381.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mary Jackson  | <b>Transaction ID:</b> D347533<br><b>Date of Disbursement</b>   |
| Mailing Address 1739 Morgans Mill Cir  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>150.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>Category/Type</b><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Reggie Jackson  | <b>Transaction ID:</b> D347535<br><b>Date of Disbursement</b>   |
| Mailing Address 1739 Morgans Mill Cir  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>150.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>Category/Type</b><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mitchell Jacobs   | <b>Transaction ID:</b> D347703<br><b>Date of Disbursement</b>   |
| Mailing Address 651 NE 5th St  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Pompano Beach State FL Zip Code 33060-6328  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>306.25</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>Category/Type</b><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**606.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Emmanuella Jacques

Mailing Address 22490 SW 66th Ave

City State Zip Code  
Boca Raton FL 33428-5936

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347704

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Julian James

Mailing Address 8360 NW 46th St

City State Zip Code  
Fort Lauderdale FL 33351-5527

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347705

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

540.63

C.

Full Name (Last, First, Middle Initial)

Carolyn Jampel

Mailing Address 528 N Palmway

City State Zip Code  
Lake Worth FL 33460-3125

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347706

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) .....

1390.63

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

David Jampel

Mailing Address 528 N Palmway

City  
Lake WorthState  
FLZip Code  
33460-3125Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347707

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

587.50

B.

Full Name (Last, First, Middle Initial)

Freya Jester

Mailing Address 4272 NW 120th Ln

City  
SunriseState  
FLZip Code  
33323-2659Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D379588

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

213.50

C.

Full Name (Last, First, Middle Initial)

Christopher Jimenez

Mailing Address 424 Forest Hill Blvd

City  
West Palm BeachState  
FLZip Code  
33405-4616Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347709

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

926.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Maria Jimenez

Mailing Address 9109 SW 21st St  
Apt B

City Boca Raton State FL Zip Code 33428-7626

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347710

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

168.75

B.

Full Name (Last, First, Middle Initial)

Alton Johnson

Mailing Address 3360 NW 6th St

City Fort Lauderdale State FL Zip Code 33311-7602

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349803

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

381.25

C.

Full Name (Last, First, Middle Initial)

Andre Johnson

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347527

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Marvin Johnson  | <b>Transaction ID:</b> D347711<br><b>Date of Disbursement</b>   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3121 SE 9th Terrace  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |       | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33064   | Amount of Each Disbursement this Period   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">43.75</td> </tr> </table>  | 43.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 43.75  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Sean Johnson  | <b>Transaction ID:</b> D347712<br><b>Date of Disbursement</b>   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6528 NW 58th Drive   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |       | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33067   | Amount of Each Disbursement this Period   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">40.63</td> </tr> </table>  | 40.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 40.63  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Scott Johnston  | <b>Transaction ID:</b> D349888<br><b>Date of Disbursement</b>   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1824 N University Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |       | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Plantation State FL Zip Code 33322-4114   | Amount of Each Disbursement this Period   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">37.50</td> </tr> </table>  | 37.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 37.50  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

121.88

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ruben Joseph  | <b>Transaction ID:</b> D382760<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 260 NW 60th Ave  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Margate State FL Zip Code 33063-5182  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Salary<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">112.50</td> </tr> </table>   | 112.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 112.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Jeanni Jules  | <b>Transaction ID:</b> D347726<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1987 Nassau Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Palm Beach State FL Zip Code 33404-6460  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Canvass Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>   | 225.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 225.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Stacy Kaiser  | <b>Transaction ID:</b> D379587<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3626 Whitehall Drive   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Palm Beach State FL Zip Code 33401   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Canvass Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">68.75</td> </tr> </table>  | 68.75  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 68.75  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**406.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Joshua Kallen

Mailing Address 13601 Columbine Ave

City  
Wellington

State  
FL

Zip Code  
33414-8107

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349824

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Joseph Kenney

Mailing Address 1 Royal Palm Way  
Unit 106

City  
Boca Raton

State  
FL

Zip Code  
33432-7844

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349841

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

C.

Full Name (Last, First, Middle Initial)

Jad Khazem

Mailing Address 2695 NW 29th Dr

City  
Boca Raton

State  
FL

Zip Code  
33434-3676

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347613

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional) .....

262.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mikhail Kogan   | <b>Transaction ID:</b> D349861<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1824 N University Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Plantation State FL Zip Code 33322-4114   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">87.50</td> </tr> </table>  | 87.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 87.50  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Gilbert Kubayanda   | <b>Transaction ID:</b> D347727<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4341 NW 19th St Apt 8  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lauderhill State FL Zip Code 33313-7406   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">609.38</td> </tr> </table>   | 609.38 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 609.38   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Telly Law   | <b>Transaction ID:</b> D347525<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1739 Morgans Mill Cir  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32825-8292  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>   | 150.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 150.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**846.88**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|---|------------------------|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Imeles Leger      |   |                        | <b>Transaction ID:</b> D347667<br><b>Date of Disbursement</b><br><table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> |   | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
|  | M  | M   | /                      | D   | D | /      | Y | Y | Y | Y |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 1  | 2   |                        | 2   | 0 |        | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 131 Rosewood Cir                             |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City<br>Jupiter  | State<br>FL   | Zip Code<br>33458-5540 | Amount of Each Disbursement this Period<br><table border="1"><tr><td colspan="10">100.00</td></tr></table>  |   | 100.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 100.00   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   |  | Category/<br>Type   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Glen-Daros Lemard |   |                        | <b>Transaction ID:</b> D347778<br><b>Date of Disbursement</b><br><table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> |   | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
|  | M  | M   | /                      | D   | D | /      | Y | Y | Y | Y |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 1  | 1   |                        | 3   | 0 |        | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 8311 NW 59th Ct                              |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City<br>Tamarac  | State<br>FL   | Zip Code<br>33321-4241 | Amount of Each Disbursement this Period<br><table border="1"><tr><td colspan="10">375.00</td></tr></table>  |   | 375.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 375.00   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   |  | Category/<br>Type   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Keith Lester      |   |                        | <b>Transaction ID:</b> D347777<br><b>Date of Disbursement</b><br><table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> |   | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
|  | M  | M   | /                      | D   | D | /      | Y | Y | Y | Y |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 1  | 1   |                        | 3   | 0 |        | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 3626 Whitehall Dr<br>Apt 302                 |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City<br>West Palm Beach                                      | State<br>FL   | Zip Code<br>33401-1064 | Amount of Each Disbursement this Period<br><table border="1"><tr><td colspan="10">281.25</td></tr></table>  |   | 281.25 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 281.25   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   |  | Category/<br>Type   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   |  |   |                        |   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....**756.25****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

James Lewis

Mailing Address 1325 Haverhill Rd N

City State Zip Code  
West Palm Beach FL 33417-5811

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347776

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

193.75

B.

Full Name (Last, First, Middle Initial)

Franklin Ligonde

Mailing Address 812 Venetian Isles Dr

City State Zip Code  
Lake Park FL 33403-1855

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347760

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

425.00

C.

Full Name (Last, First, Middle Initial)

Sai Lo

Mailing Address 22380 NW 39th Court

City State Zip Code  
Pompano Beach FL 33065

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347759

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) .....

818.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Krista Loeper

Mailing Address 1824 N University Dr

City  
Plantation

State  
FL

Zip Code  
33322-4114

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349862

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Pam Loewenstein

Mailing Address 4 Anglican Ln

City  
Lincolnshire

State  
IL

Zip Code  
60069-3316

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347821

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Pam Loewenstein

Mailing Address 4 Anglican Ln

City  
Lincolnshire

State  
IL

Zip Code  
60069-3316

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D382751

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Skarlett Lopez</p> <p>Mailing Address 2509 23rd St NW</p> <p>City Boynton Beach State FL Zip Code 33436-2133</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> D347758</p> <p>Date of Disbursement<br/>11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period<br/>325.00</p> <p>Category/<br/>Type</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>LSG Strategies</p> <p>Mailing Address 2120 L St NW Ste 305</p> <p>City Washington State DC Zip Code 20037-1563</p> <p>Purpose of Disbursement<br/>Consulting/Communications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D342924</p> <p>Date of Disbursement<br/>11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2639.43</p> <p>Category/<br/>Type</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Scott Magill</p> <p>Mailing Address 1824 N University Dr</p> <p>City Plantation State FL Zip Code 33322-4114</p> <p>Purpose of Disbursement<br/>Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> D382762</p> <p>Date of Disbursement<br/>11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period<br/>37.50</p> <p>Category/<br/>Type</p>   |

**SUBTOTAL** of Disbursements This Page (optional) .....

3001.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kelsee Major  | <b>Transaction ID:</b> D382730<br><b>Date of Disbursement</b>   |
| Mailing Address 1580 Red Pine Trail  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Wellington State FL Zip Code 33414  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement Salary<br>Candidate Name   | <div>556.25</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Julissa Malki   | <b>Transaction ID:</b> D349849<br><b>Date of Disbursement</b>   |
| Mailing Address 15395 Take Off Pl  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Wellington State FL Zip Code 33414-8306   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement Canvass Fee<br>Candidate Name  | <div>50.00</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Danyale Manuel  | <b>Transaction ID:</b> D347756<br><b>Date of Disbursement</b>   |
| Mailing Address 6531 NW 14th Ct  | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Miami State FL Zip Code 33147-7907  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement Canvass Fee<br>Candidate Name  | <div>237.50</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**843.75**

**TOTAL** This Period (last page this line number only) .....



|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Brandon McConico

Transaction ID: D347512

Date of Disbursement

11 / 30 / 2010

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Patty McCorn

Transaction ID: D349894

Date of Disbursement

11 / 30 / 2010

Mailing Address 1824 N University Dr

City Plantation State FL Zip Code 33322-4114

Amount of Each Disbursement this Period

225.00

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Steven McElroy

Transaction ID: D347505

Date of Disbursement

11 / 30 / 2010

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Desmond McGowan   | <b>Transaction ID:</b> D347754<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 230 NW 20th St   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33060-5043  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">231.25</td> </tr> </table>   | 231.25 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 231.25   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Michelle McGrath  | <b>Transaction ID:</b> D349850<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 8462  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Delray Beach State FL Zip Code 33482-8462   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>   | 275.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 275.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Brandon McNew   | <b>Transaction ID:</b> D349851<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 612 Anderson Cir Apt 103   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Deerfield Beach State FL Zip Code 33441-7743  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>   | 600.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 600.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1106.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Tracy Mierkey

Mailing Address 2697 Floral Rd

City  
Lantana

State  
FL

Zip Code  
33462-3879

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347753

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Millan

Mailing Address 6850 NW 2nd Ave  
Apt 2

City  
Boca Raton

State  
FL

Zip Code  
33487-2331

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349852

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Trey Miller

Mailing Address 2869 Aein Rd

City  
Orlando

State  
FL

Zip Code  
32817-2931

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347547

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Trey Miller   | <b>Transaction ID:</b> D379597<br><b>Date of Disbursement</b>   |
| Mailing Address 2869 Aein Rd   | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Orlando State FL Zip Code 32817-2931  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>700.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Nickoda Mills   | <b>Transaction ID:</b> D346591<br><b>Date of Disbursement</b>   |
| Mailing Address 5101 SW 60th Street Rd<br>Apt 1807   | <div> <div>12</div> <div>07</div> <div>2010</div> </div>  |
| City Ocala State FL Zip Code 34474-4708  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>520.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>AJ Misaki   | <b>Transaction ID:</b> D349853<br><b>Date of Disbursement</b>   |
| Mailing Address 1880 Fau Blvd<br># 553   | <div> <div>11</div> <div>30</div> <div>2010</div> </div>  |
| City Boca Raton State FL Zip Code 33431-6455   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <div>412.50</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1632.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mission Control</p> <p>Mailing Address 114 Mansfield Hollow Rd<br/># A</p> <p>City Mansfield Center State CT Zip Code 06250-1316</p> <p>Purpose of Disbursement<br/>Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D346598</p> <p>Date of Disbursement<br/>12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2400.00</p> <p>Category/<br/>Type</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Christina Montalvo</p> <p>Mailing Address 5650 Pacific Blvd<br/>Apt 1105</p> <p>City Boca Raton State FL Zip Code 33433-6797</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> D349843</p> <p>Date of Disbursement<br/>11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period<br/>350.00</p> <p>Category/<br/>Type</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Laqueta Moreland</p> <p>Mailing Address 414 SW 2nd St<br/>Apt 94</p> <p>City Deerfield Beach State FL Zip Code 33441-3203</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> D347792</p> <p>Date of Disbursement<br/>11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period<br/>421.88</p> <p>Category/<br/>Type</p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

3171.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Isabella Morinelli

Mailing Address 2675 NW 31st St

City  
Boca Raton

State  
FL

Zip Code  
33434-3629

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349854

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

312.50

B.

Full Name (Last, First, Middle Initial)

Brett Mulhall

Mailing Address 1824 N University Dr

City  
Plantation

State  
FL

Zip Code  
33322-4114

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349898

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

281.25

C.

Full Name (Last, First, Middle Initial)

Justin Murphy

Mailing Address 33 E Camino Real  
Apt 904

City  
Boca Raton

State  
FL

Zip Code  
33432-6156

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349856

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

325.00

**SUBTOTAL** of Disbursements This Page (optional) .....

918.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Amirah Mustapha   | <b>Transaction ID:</b> D349857<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 9124 NW 50th Ct  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Coral Springs FL 33067-1921   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>   | 150.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 150.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Jesse Mustapha  | <b>Transaction ID:</b> D349897<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1824 N University Dr   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Plantation FL 33322-4114  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">262.50</td> </tr> </table>   | 262.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 262.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Francois Nerline  | <b>Transaction ID:</b> D379590<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 530 W Kalmia Dr<br>Apt 4   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>West Palm Beach FL 33403-2233   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>   | 225.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 225.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**637.50**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Francois Nerline

Mailing Address 530 W Kalmia Dr  
Apt 4

City West Palm Beach State FL Zip Code 33403-2233

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347851

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Nesbitt Research

Mailing Address 2120 L St NW  
Ste 305

City Washington State DC Zip Code 20037-1563

Purpose of Disbursement  
Consulting/Research

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347819

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

James Noland

Mailing Address 14575 Bonaire Blvd  
Apt 405

City Delray Beach State FL Zip Code 33446-1723

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347609

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

3075.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 146 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paul Notley</p> <p>Mailing Address 33 E Camino Real<br/>Apt 904</p> <p>City Boca Raton State FL Zip Code 33432-6156</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> D349858</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>225.00</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Phillip Odle</p> <p>Mailing Address 230 NW 20th Street</p> <p>City Pompano State FL Zip Code 33060</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                            | <p><b>Transaction ID:</b> D379592</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>125.00</div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mary Anne Oldham</p> <p>Mailing Address 3009 1/2 W Barcelona St<br/>Apt 2</p> <p>City Tampa State FL Zip Code 33629-7252</p> <p>Purpose of Disbursement<br/>Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D346657</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>221.63</div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**571.63**

**TOTAL** This Period (last page this line number only) .....

C. Form/Schedule : **SB21B**

Mary Anne Oldham is the vendor for this disbursement- this is not a reimbursement.

Transaction ID : **D346657**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Bruce Oliveira

Mailing Address 8401 Lake Worth Rd

City  
Lake Worth

State  
FL

Zip Code  
33467-2427

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349896

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

387.50

B.

Full Name (Last, First, Middle Initial)

Hunter Ostrower

Mailing Address 801 Arthur Godfrey Rd

City  
Miami Beach

State  
FL

Zip Code  
33140-3323

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349895

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

362.50

C.

Full Name (Last, First, Middle Initial)

Kimberly Ostrower

Mailing Address 3401 W Hillsboro Blvd

City  
Coconut Creek

State  
FL

Zip Code  
33073-2096

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347791

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

487.50

SUBTOTAL of Disbursements This Page (optional) .....

1237.50

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

State: District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Salvador Perez  | <b>Transaction ID:</b> D349884<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8401 Lake Worth Rd   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lake Worth State FL Zip Code 33467-2427   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">287.50</td> </tr> </table>   | 287.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 287.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Sergio Perez  | <b>Transaction ID:</b> D347785<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1580 Red Pine Trl  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Wellington State FL Zip Code 33414-5820   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>   | 150.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 150.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Matthew Pitt  | <b>Transaction ID:</b> D347786<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3101 NW 47th Ter Apt 13  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lauderdale Lakes State FL Zip Code 33319-6605   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">81.25</td> </tr> </table>  | 81.25  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 81.25  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**518.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Craig Plazure  | <b>Transaction ID:</b> D379591<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3101 NW 47th Terrace   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Lauderdale Lakes FL 33414   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>   | 100.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 100.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Ty Powell  | <b>Transaction ID:</b> D349787<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2860 NW 115th Ter  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Coral Springs FL 33065-3438   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>   | 225.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 225.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Progress Energy Florida  | <b>Transaction ID:</b> D346655<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 33199   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Saint Petersburg FL 33733-8199  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Utilities   | <table border="1"> <tr> <td colspan="10">214.28</td> </tr> </table>   | 214.28 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 214.28   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**539.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Douglas R. Pugh

Mailing Address PO Box 272813

City  
Boca Raton

State  
FL

Zip Code  
33427-2813

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347787

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Michael Pugh

Mailing Address 611 SE 10th St

City  
Pompano Beach

State  
FL

Zip Code  
33060-9405

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347788

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

468.75

C.

Full Name (Last, First, Middle Initial)

Sarah Ramnanan

Mailing Address 5928 NW 77th Ter

City  
Parkland

State  
FL

Zip Code  
33067-1104

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349791

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

425.00

SUBTOTAL of Disbursements This Page (optional) .....

1493.75

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Richard Ramsay

Transaction ID: D438203

Date of Disbursement

12 / 20 / 2010

Mailing Address 8 SE 19th Ave  
Apt 1

City Pompano Beach State FL Zip Code 33060-7550

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Mike Ray

Transaction ID: D347752

Date of Disbursement

11 / 30 / 2010

Mailing Address 7806 Woodsmuir Dr

City West Palm Beach State FL Zip Code 33412-1640

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Lisa Rich

Transaction ID: D347521

Date of Disbursement

11 / 30 / 2010

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Lucy Rich

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347519

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Charity Richardson

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347522

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Amaneda Rivero

Mailing Address 1502 SE 2nd PI

City  
Cape Coral

State  
FL

Zip Code  
33990-2009

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349793

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

212.50

SUBTOTAL of Disbursements This Page (optional) .....

1112.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Brandon Rizzo

Mailing Address 8100 NW 38th St

City  
Coral Springs

State  
FL

Zip Code  
33065-2920

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347730

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

412.50

B.

Full Name (Last, First, Middle Initial)

Geoffrey Robbins

Mailing Address 1322 N K St

City  
Lake Worth

State  
FL

Zip Code  
33460-1815

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347731

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cedarius Robertson

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347524

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional) .....

662.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Marcus Robinson

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347520

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Maria A. Rodriguez

Mailing Address 879 NW 45th St

City Pompano Beach State FL Zip Code 33064-1610

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347732

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Vincent Rollo

Mailing Address 8 SE 19th Ave  
Apt 1

City Pompano Beach State FL Zip Code 33060-7550

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D438204

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Taylor Rompell

Mailing Address 5318 SW 26th Ave

City  
Cape Coral

State  
FL

Zip Code  
33914-6626

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349796

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

B.

Full Name (Last, First, Middle Initial)

Jonathan Rosen

Mailing Address 9035 NW 51st Pl

City  
Coral Springs

State  
FL

Zip Code  
33067-1929

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347733

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

412.50

C.

Full Name (Last, First, Middle Initial)

Rahmeir Ross

Mailing Address 8401 Lake Worth Rd

City  
Lake Worth

State  
FL

Zip Code  
33467-2427

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349876

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

56.25

**SUBTOTAL** of Disbursements This Page (optional) .....

581.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jonathan Ruiz

Mailing Address 830 SW 80th Ave

City  
North Lauderdale

State  
FL

Zip Code  
33068-2131

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347734

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

56.25

B.

Full Name (Last, First, Middle Initial)

Vanessa Salinas

Mailing Address 1350 NE 50th Ct  
Apt 408

City  
Fort Lauderdale

State  
FL

Zip Code  
33334-4949

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347735

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

412.50

C.

Full Name (Last, First, Middle Initial)

Jonathan Schaefer

Mailing Address 8 SE 19th Ave  
Apt 1

City  
Pompano Beach

State  
FL

Zip Code  
33060-7550

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349808

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

212.50

**SUBTOTAL** of Disbursements This Page (optional) .....

681.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|           |  |   |
|-----------|--|---|
| <b>A.</b> | <p>Full Name (Last, First, Middle Initial)<br/>Matthew Schwartz</p> <p>Mailing Address 13030 SW 104th Ave</p> <p>City Miami State FL Zip Code 33176-5502</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> D349860</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>337.50</div> </p> |
| <b>B.</b> | <p>Full Name (Last, First, Middle Initial)<br/>Jason Scott</p> <p>Mailing Address 1739 Morgans Mill Cir</p> <p>City Orlando State FL Zip Code 32825-8292</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> D347518</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>450.00</div> </p> |
| <b>C.</b> | <p>Full Name (Last, First, Middle Initial)<br/>Caroline Sederbaum</p> <p>Mailing Address 6901 Okeechobee Blvd</p> <p>City West Palm Beach State FL Zip Code 33411-2511</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D349828</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>87.50</div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**875.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Mallory Senat

Mailing Address 208 Clematis St  
Ste 507

City State Zip Code  
West Palm Beach FL 33401-5547

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349821

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

543.75

B.

Full Name (Last, First, Middle Initial)

Xavior Serrano

Mailing Address 1319 W Jennings St

City State Zip Code  
Lantana FL 33462-4153

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347736

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

325.00

C.

Full Name (Last, First, Middle Initial)

David Sharvit

Mailing Address 960 Coral Ridge Dr  
Apt 102

City State Zip Code  
Coral Springs FL 33071-4166

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347737

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1468.75

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Corey A Shearer

Mailing Address 2455 N Nob Hill Rd  
Apt 201

City Sunrise State FL Zip Code 33322-5309

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347738

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

496.88

B.

Full Name (Last, First, Middle Initial)

Dorchas Shorter

Mailing Address 1739 Morgans Mill Cir

City Orlando State FL Zip Code 32825-8292

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347531

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Marc Simms

Mailing Address 9174 Silver Glen Way

City Lake Worth State FL Zip Code 33467-4795

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347739

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

37.50

**SUBTOTAL** of Disbursements This Page (optional) .....

684.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

SKD Knickerbocker

Mailing Address 1818 N St NW  
Ste 450

City Washington State DC Zip Code 20036-2473

Purpose of Disbursement  
Direct Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D346680

Date of Disbursement

11 / 29 / 2010

Amount of Each Disbursement this Period

7975.00

B.

Full Name (Last, First, Middle Initial)

Henry Smith

Mailing Address 847 Laurel Dr

City West Palm Beach State FL Zip Code 33403-2122

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347681

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Jeremy Smith

Mailing Address 220 NW 20th St

City Pompano Beach State FL Zip Code 33060-5043

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347740

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Keona Smith</p> <p>Mailing Address 840 NW 12th Ave<br/>Apt 1</p> <p>City Fort Lauderdale State FL Zip Code 33311-7193</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D349859</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>212.50</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Lee Smith</p> <p>Mailing Address 2622 NE 4th Ct</p> <p>City Boynton Beach State FL Zip Code 33435-2129</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> D438205</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>412.50</div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Lois Smith</p> <p>Mailing Address 122 NW 8th Ave</p> <p>City Boynton Beach State FL Zip Code 33435-3024</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> D349812</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>75.00</div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mysti Smith   | <b>Transaction ID:</b> D349816<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1325 Haverhill Rd N  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Palm Beach State FL Zip Code 33417-5811  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">525.00</td> </tr> </table>   | 525.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 525.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Matt Snipe  | <b>Transaction ID:</b> D349845<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 532 SW 9th St  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Belle Glade State FL Zip Code 33430-3262  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>  | 50.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 50.00  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Joshua Solomon  | <b>Transaction ID:</b> D347741<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5575 NW 119th Drive  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pompano Beach State FL Zip Code 33076   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>   | 400.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 400.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**975.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 165 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

George Sortino

Mailing Address 211 NE 15th Ave

City  
Pompano BeachState  
FLZip Code  
33060-6725Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347742

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

515.63

**B.**

Full Name (Last, First, Middle Initial)

Jean St. Fortist

Mailing Address 530 W Kalmia Dr

City  
West Palm BeachState  
FLZip Code  
33403-2261Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347751

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

337.50

**C.**

Full Name (Last, First, Middle Initial)

Nick Stallworth

Mailing Address 1739 Morgans Mill Cir

City  
OrlandoState  
FLZip Code  
32825-8292Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347541

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional) .....

1303.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Nicole Stallworth

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347530

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Noya Stanley

Mailing Address 1151 Lake Terry Dr  
Apt P

City  
West Palm Beach

State  
FL

Zip Code  
33411-9288

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349844

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Clint Starling

Mailing Address 3801 Summer Wind Dr

City  
Winter Park

State  
FL

Zip Code  
32792-5210

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347543

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

560.00

**SUBTOTAL** of Disbursements This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Clint Starling  | <b>Transaction ID:</b> D379596<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3801 Summer Wind Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Winter Park State FL Zip Code 32792-5210  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">560.00</td> </tr> </table>   | 560.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 560.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Christopher Stickney  | <b>Transaction ID:</b> D347626<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 706 13th Ave N   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lake Worth State FL Zip Code 33460-1801   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">593.75</td> </tr> </table>   | 593.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 593.75   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Janet Stinger   | <b>Transaction ID:</b> D347627<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1433 SE 5th Ct   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Deerfield Beach State FL Zip Code 33441-4935  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>   | 600.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 600.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1753.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rafael Suarez

Mailing Address 100 Golden Isles Dr  
Apt 1003

City Hallandale Beach State FL Zip Code 33009-8811

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347628

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Natasha Sully

Mailing Address 723 Avenue Chaumont

City Delray Beach State FL Zip Code 33445-2201

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349788

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

162.50

C.

Full Name (Last, First, Middle Initial)

Rachel Sultman

Mailing Address 3737 Shawn Cir

City Orlando State FL Zip Code 32826-5308

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347546

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

860.00

SUBTOTAL of Disbursements This Page (optional) .....

1772.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rachel Sultman

Mailing Address 3737 Shawn Cir

City  
Orlando

State  
FL

Zip Code  
32826-5308

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D379595

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

860.00

B.

Full Name (Last, First, Middle Initial)

Charles Suselune

Mailing Address 5181 Cedar Lake Rd  
Apt 1319

City  
Boynton Beach

State  
FL

Zip Code  
33437-6216

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349802

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

C.

Full Name (Last, First, Middle Initial)

Richard Tandy

Mailing Address 8401 Lake Worth Rd

City  
Lake Worth

State  
FL

Zip Code  
33467-2427

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349883

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

325.00

SUBTOTAL of Disbursements This Page (optional) .....

1297.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Eric Tegethoff   | <b>Transaction ID:</b> D347544<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3609 Dubsdread Cir   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 2   |        | 2 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32804-3079  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">480.00</td> </tr> </table>   | 480.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 480.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Eric Tegethoff   | <b>Transaction ID:</b> D379593<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3609 Dubsdread Cir   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Orlando State FL Zip Code 32804-3079  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">480.00</td> </tr> </table>   | 480.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 480.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Laverene Telucian  | <b>Transaction ID:</b> D349789<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 133 SW 16th Ave Apt. 10  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Delray Beach State FL Zip Code 33444  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee   | <table border="1"> <tr> <td colspan="10">87.50</td> </tr> </table>  | 87.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 87.50  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1047.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Kristopher Thibault

Mailing Address 2632 NE 13th Ter

City  
Pompano Beach

State  
FL

Zip Code  
33064-6922

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347624

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

462.50

B.

Full Name (Last, First, Middle Initial)

Robert Thomas

Mailing Address 3820 NW 6th St

City  
Fort Lauderdale

State  
FL

Zip Code  
33311-6310

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349790

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Brent Toomey

Mailing Address 422 S K St

City  
Lake Worth

State  
FL

Zip Code  
33460-4510

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347625

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

118.75

**SUBTOTAL** of Disbursements This Page (optional) .....

706.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |  |                               |   |  |
|--|---|--|-------------------------------|---|--|
| A.   | Full Name (Last, First, Middle Initial)<br>David A. Torgerson |  |                               | Transaction ID: D349885<br>Date of Disbursement<br><div> <div>11</div> <div>30</div> <div>2010</div> </div> |  |
|  | Mailing Address 309 1/2 NE 1st St                             |  |                               | Amount of Each Disbursement this Period<br><div>87.50</div>   |  |
|  | City<br>Delray Beach  | State<br>FL  | Zip Code<br>33483-4519        |   |  |
|  | Purpose of Disbursement<br>Canvass Fee                        |  | <div>Category/<br/>Type</div> |   |  |
|  | Candidate Name  |  |                               |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                               |   |  |
| State: District:   |   |  |                               |   |  |
| B.   | Full Name (Last, First, Middle Initial)<br>Craig D. Tucker    |  |                               | Transaction ID: D349886<br>Date of Disbursement<br><div> <div>11</div> <div>30</div> <div>2010</div> </div> |  |
|  | Mailing Address Gibbs Hall # 631                              |  |                               | Amount of Each Disbursement this Period<br><div>37.50</div>   |  |
|  | City<br>Tallahassee   | State<br>FL  | Zip Code<br>32307-0001        |   |  |
|  | Purpose of Disbursement<br>Canvass Fee                        |  | <div>Category/<br/>Type</div> |   |  |
|  | Candidate Name  |  |                               |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                               |   |  |
| State: District:   |   |  |                               |   |  |
| C.   | Full Name (Last, First, Middle Initial)<br>Guy Tucker         |  |                               | Transaction ID: D349838<br>Date of Disbursement<br><div> <div>11</div> <div>30</div> <div>2010</div> </div> |  |
|  | Mailing Address 11655 NW 71st Pl                              |  |                               | Amount of Each Disbursement this Period<br><div>225.00</div>  |  |
|  | City<br>Parkland  | State<br>FL  | Zip Code<br>33076-3349        |   |  |
|  | Purpose of Disbursement<br>Canvass Fee                        |  | <div>Category/<br/>Type</div> |   |  |
|  | Candidate Name  |  |                               |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                               |   |  |
| State: District:   |   |  |                               |   |  |

SUBTOTAL of Disbursements This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 173 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Melissa Uribe

Mailing Address 4866 Messina Ter

City  
Lake Worth

State  
FL

Zip Code  
33463-7291

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347623

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Anna Uzquiano

Mailing Address 4870 N Citation Dr  
Apt 202

City  
Delray Beach

State  
FL

Zip Code  
33445-6548

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D349782

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Anthony Van Slyke

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347511

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rene Vazquez

Mailing Address 2889 NW 91st Ave

City State Zip Code  
Coral Springs FL 33065-5071

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349783

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

B.

Full Name (Last, First, Middle Initial)

Yosselet Vilbert

Mailing Address 801 Arthur Godfrey Rd

City State Zip Code  
Miami Beach FL 33140-3323

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349887

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Emmanuel Vilbrun

Mailing Address 510 East Kalmia Drive

City State Zip Code  
West Palm Beach FL 33403

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347621

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

337.50

SUBTOTAL of Disbursements This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Roselette Vilbrun

Mailing Address 530 W Kalmia Dr

City  
West Palm Beach

State  
FL

Zip Code  
33403-2261

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347622

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Zachary Volkman

Mailing Address 4189 Coral Springs Dr

City  
Coral Springs

State  
FL

Zip Code  
33065-6402

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347602

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jarod Walters

Mailing Address 4600 SW 25th St

City  
West Park

State  
FL

Zip Code  
33023-4306

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D347601

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

206.25

**SUBTOTAL** of Disbursements This Page (optional) .....

481.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 176 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Alvin Warren</p> <p>Mailing Address 632 SW Avenue C Pl<br/>Apt 3</p> <p>City Belle Glade State FL Zip Code 33430-5874</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D349779</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>162.50</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Destiny Watkins</p> <p>Mailing Address 533 Wildwood Pkwy</p> <p>City Cape Coral State FL Zip Code 33904-5248</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> D349781</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>325.00</div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Sarah Weingarten</p> <p>Mailing Address 130 Meadowlands Dr</p> <p>City West Palm Beach State FL Zip Code 33411-8274</p> <p>Purpose of Disbursement<br/>Canvass Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> D347619</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>43.75</div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**531.25**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Weingarten Realty   | <b>Transaction ID:</b> D346972<br><b>Date of Disbursement</b>   |
| Mailing Address 2720 E Colonial Dr   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 1 0</div> </div>  |
| City Orlando State FL Zip Code 32803-5025  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Lease/Rent  | <div> <div></div> <div>400.02</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mike Weinstein  | <b>Transaction ID:</b> D347620<br><b>Date of Disbursement</b>   |
| Mailing Address 10756 NW 21st St   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div>  |
| City Coral Springs State FL Zip Code 33071-4218  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee   | <div> <div></div> <div>250.00</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Eric Weiss  | <b>Transaction ID:</b> D347603<br><b>Date of Disbursement</b>   |
| Mailing Address 311 N Federal Hwy Apt 9  | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div>  |
| City Lake Worth State FL Zip Code 33460-3452   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Canvass Fee   | <div> <div></div> <div>212.50</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**862.52**

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Category/  
Type

State:  District:

Category/  
Type

State:  District:

Category/  
Type

State:  District:

**412.50**

412.50

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Cameron White   | <b>Transaction ID:</b> D347616<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5725 NW 101st Way  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Coral Springs FL 33076-2591   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">487.50</td> </tr> </table>   | 487.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 487.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>James White   | <b>Transaction ID:</b> D347617<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1325 Haverhill Rd N  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>West Palm Beach FL 33417-5811   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">193.75</td> </tr> </table>   | 193.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 193.75   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Michelle White  | <b>Transaction ID:</b> D347618<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 504 W Perry St   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Lantana FL 33462-4548   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">362.50</td> </tr> </table>   | 362.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 362.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1043.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Britney Wight-Hardae  | <b>Transaction ID:</b> D347606<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1023 Mango Dr  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Delray Beach State FL Zip Code 33444-2286   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">325.00</td> </tr> </table>   | 325.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 325.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Charletha Williams  | <b>Transaction ID:</b> D347605<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 632 SW Avenue C Pl Apt 3   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Belle Glade State FL Zip Code 33430-5874  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">162.50</td> </tr> </table>   | 162.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 162.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Lois Williams   | <b>Transaction ID:</b> D347604<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3861 NW 4th Ct   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 1   |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Fort Lauderdale State FL Zip Code 33311-8223  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Canvass Fee<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">512.50</td> </tr> </table>   | 512.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 512.50   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Mike Williams

Mailing Address PO Box 11826

City  
West Palm Beach

State  
FL

Zip Code  
33419-1826

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347614

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Shamal Williams

Mailing Address 10941 Winding Creek Ln

City  
Boca Raton

State  
FL

Zip Code  
33428-5664

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347608

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

337.50

C.

Full Name (Last, First, Middle Initial)

Donell Wilson

Mailing Address 1739 Morgans Mill Cir

City  
Orlando

State  
FL

Zip Code  
32825-8292

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347504

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

**SUBTOTAL** of Disbursements This Page (optional) .....

912.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 182 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Michael M. Wilson

Mailing Address 4739 Langdale Dr

City  
Orlando

State  
FL

Zip Code  
32808-2081

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347545

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

620.00

B.

Full Name (Last, First, Middle Initial)

Michael M. Wilson

Mailing Address 4739 Langdale Dr

City  
Orlando

State  
FL

Zip Code  
32808-2081

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D379594

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

620.00

C.

Full Name (Last, First, Middle Initial)

Priscilla Wilson

Mailing Address 1350 N Dixie Hwy  
Apt 38

City  
Boca Raton

State  
FL

Zip Code  
33432-1830

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347607

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

37.50

SUBTOTAL of Disbursements This Page (optional) .....

1277.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rachel Wilson

Mailing Address 8401 Lake Worth Road

City  
Lake Worth

State  
FL

Zip Code  
33467-2400

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D379618

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

B.

Full Name (Last, First, Middle Initial)

Saavedra Wilson

Mailing Address 8401 Lake Worth Rd

City  
Lake Worth

State  
FL

Zip Code  
33467-2427

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349865

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Michael Woods

Mailing Address 801 Arthur Godfrey Rd

City  
Miami Beach

State  
FL

Zip Code  
33140-3323

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349864

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

112.50

**SUBTOTAL** of Disbursements This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Camilo Yepes

Mailing Address 422 S K St

City  
Lake Worth

State  
FL

Zip Code  
33460-4510

Purpose of Disbursement  
Canvass Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347600

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

193.75

B.

Full Name (Last, First, Middle Initial)

Mr. Carmine's Seventh Avenue

Mailing Address 1802 E 7th Ave

City  
Tampa

State  
FL

Zip Code  
33605-3808

Purpose of Disbursement  
Dinner Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D364069

Date of Disbursement

12 / 14 / 2010

Amount of Each Disbursement this Period

101.61

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address 2425 Wyman St

City  
Dallas

State  
TX

Zip Code  
75235-2501

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D364067

Date of Disbursement

12 / 14 / 2010

Amount of Each Disbursement this Period

299.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

193.75

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 235

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Subway - Corporate

Mailing Address 325 Bic Dr

City  
Milford

State  
CT

Zip Code  
06461-3072

Purpose of Disbursement  
Lunch Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D364068

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2010

Amount of Each Disbursement this Period

119.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

125531.58

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 235

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Checkmate Consulting

Mailing Address 3509 Connecticut Ave NW  
# 1075

City Washington State DC Zip Code 20008-2400

Purpose of Disbursement  
Generic Mail/Garcia/Congressional

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D349602

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25312.09

B.

Full Name (Last, First, Middle Initial)

Shanise Johnson

Mailing Address 8401 Lake Worth Rd

City Lake Worth State FL Zip Code 33467-2400

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D382749

Date of Disbursement

/   /

Amount of Each Disbursement this Period

237.50

C.

Full Name (Last, First, Middle Initial)

Joshua Lyke

Mailing Address 801 Arthur Godfrey Rd

City Miami Beach State FL Zip Code 33140-3323

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D382731

Date of Disbursement

/   /

Amount of Each Disbursement this Period

387.50

**SUBTOTAL** of Disbursements This Page (optional) .....

25937.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 187 / 235

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Printmeisters, Inc.

Mailing Address 10732 William Tell Dr

City Orlando State FL Zip Code 32821-8764

Purpose of Disbursement

Direct Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D347836

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 2 / 1 6 / 2 0 1 0

Amount of Each Disbursement this Period

11874.75

B.

Full Name (Last, First, Middle Initial)

Printmeisters, Inc.

Mailing Address 10732 William Tell Dr

City Orlando State FL Zip Code 32821-8764

Purpose of Disbursement

Direct Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D346599

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Amount of Each Disbursement this Period

31311.00

C.

Full Name (Last, First, Middle Initial)

Willie Smith

Mailing Address 3826 Stonemont Dr

City Cocoa State FL Zip Code 32926-6425

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D382732

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Amount of Each Disbursement this Period

293.75

SUBTOTAL of Disbursements This Page (optional) .....

43479.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 235

|                              |                              |                              |                              |                             |   |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26             |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Winning Connections, Inc.

Mailing Address 317 Pennsylvania Ave SE  
Ste 2

City Washington State DC Zip Code 20003-1272

Purpose of Disbursement  
GOTV Telephone Calls/Obama

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D346690

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2010

Amount of Each Disbursement this Period

9368.00

SUBTOTAL of Disbursements This Page (optional) .....

9368.00

TOTAL This Period (last page this line number only) .....

78784.59

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 189 / 235

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Production Resource Group

**Nature of Debt (Purpose):**  
 Audio Visual/Conference

Mailing Address 1902 Cypress Lake Dr

|         |       |            |
|---------|-------|------------|
| City    | State | ZIP Code   |
| Orlando | FL    | 32837-8458 |

Outstanding Balance Beginning This Period

18541.50

Transaction ID: D119404

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18541.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18541.50

2) **TOTALS** This Period (last page this line number only)..... ▶

18541.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18541.50

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 190 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
1-800-Flowers.Com

Mailing Address

1 Old Country Rd Ste 500

City State Zip Code  
Carle Place NY 11514-1847

Purpose of Disbursement:  
Flowers

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: D347879

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.69

62.79

79.48

**B. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Rd Apt 723

City State Zip Code  
Tallahassee FL 32308-2220

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346338

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

272.03

1023.36

1295.39

**C. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Rd Apt 723

City State Zip Code  
Tallahassee FL 32308-2220

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: D349513

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

272.03

1023.36

1295.39

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

560.75

2109.51

2670.26

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 191 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Rd Apt 723

City State Zip Code  
Tallahassee FL 32308-2220

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: D347893

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

497.36

1871.02

2368.38

**B. Full Name (Last, First, Middle Initial)**  
Alyssa Miller

Mailing Address

900 Riggins Rd Apt 723

City State Zip Code  
Tallahassee FL 32308-2220

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: D346932

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

272.03

1023.35

1295.38

**C. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

City State Zip Code  
Hernando FL 34442-8810

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346330

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

610.63

2297.15

2907.78

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1380.02

5191.52

6571.54

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 192 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hernando | FL    | 34442-8810 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 30 / 2010

Transaction ID: D349506

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 610.63        |   | 2297.14          |   | 2907.77      |

**B. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hernando | FL    | 34442-8810 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 10 / 2010

Transaction ID: D346916

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1111.44       |   | 4181.14          |   | 5292.58      |

**C. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hernando | FL    | 34442-8810 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 15 / 2010

Transaction ID: D346924

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 610.63        |   | 2297.14          |   | 2907.77      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2332.70       |   | 8775.42          |   | 11108.12     |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 193 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Avis Rent A Car - Corporate

Mailing Address

6 Sylvan Way

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Parsippany | NJ    | 07054-3826 |

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: D345690

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.84          |   | 3.16             |   | 4.00         |

**B. Full Name (Last, First, Middle Initial)**  
Bella Bella

Mailing Address

123 E 5th Ave

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-6122 |

 Purpose of Disbursement:  
Dinner Meeting
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: D347877

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 326.79        |   | 1229.35          |   | 1556.14      |

**C. Full Name (Last, First, Middle Initial)**  
Best Buy Corporate

Mailing Address

7601 Penn Ave S

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Minneapolis | MN    | 55423-3645 |

 Purpose of Disbursement:  
Admin Office Supplies
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: D349627

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 270.89        |   | 1019.08          |   | 1289.97      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 598.52        |   | 2251.59          |   | 2850.11      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 194 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

 Mailing Address  
PO Box 2210

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Jacksonville | FL    | 32203-2210 |

 Purpose of Disbursement:  
Benefits

 Category/  
Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: D347587

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1137.64       |   | 4279.70          |   | 5417.34      |

**B. Full Name (Last, First, Middle Initial)**  
Blue State Digital, LLC

 Mailing Address  
734 15th St NW Ste 1200

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20005-1013 |

 Purpose of Disbursement:  
Admin Website

 Category/  
Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: D347591

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 287.77        |   | 1082.58          |   | 1370.35      |

**C. Full Name (Last, First, Middle Initial)**  
Capital Business Center

 Mailing Address  
1851 S Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-5527 |

 Purpose of Disbursement:  
Admin Lease/Rent

 Category/  
Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346686

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 39.19         |   | 147.41           |   | 186.60       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1464.60       |   | 5509.69          |   | 6974.29      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 195 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Carr, Riggs, & Ingram

Mailing Address

1713 Mahan Dr

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32308-1218 |

Purpose of Disbursement:  
Consulting/ AccountingCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 9 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347592

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

589.15

2216.35

2805.50

**B. Full Name (Last, First, Middle Initial)**  
Century Link

Mailing Address

PO Box 96064

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Charlotte | NC    | 28296-0064 |

Purpose of Disbursement:  
Admin TelephoneCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

 / 

|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346682

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

52.97

199.27

252.24

**C. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address

2413 Bayshore Blvd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33629-7333 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

 / 

|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346328

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

370.68

1394.44

1765.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1012.80

3810.06

4822.86

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 196 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Ms. Christina Boltin

## Mailing Address

2413 Bayshore Blvd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33629-7333 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 30 / 2010

Transaction ID: D349504

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 188.54        |   | 803.79           |   | 992.33       |

**B. Full Name (Last, First, Middle Initial)**

Ms. Christina Boltin

## Mailing Address

2413 Bayshore Blvd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33629-7333 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 10 / 2010

Transaction ID: D346914

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 681.14        |   | 2562.40          |   | 3243.54      |

**C. Full Name (Last, First, Middle Initial)**

Ms. Christina Boltin

## Mailing Address

2413 Bayshore Blvd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33629-7333 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 15 / 2010

Transaction ID: D346922

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 370.68        |   | 1394.45          |   | 1765.13      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1240.36       |   | 4760.64          |   | 6001.00      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 197 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Christopher Lazo

Mailing Address

1951 N Meridian Rd Apt 28

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-5249 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 11 / 30 / 2010

Transaction ID: D346345

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 177.28        |   | 666.90           |   | 844.18       |

**B. Full Name (Last, First, Middle Initial)**  
Christopher Lazo

Mailing Address

1951 N Meridian Rd Apt 28

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-5249 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 15 / 2010

Transaction ID: D346931

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 177.28        |   | 666.90           |   | 844.18       |

**C. Full Name (Last, First, Middle Initial)**  
City of Tallahassee

Mailing Address

600 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-1262 |

Purpose of Disbursement:  
Admin UtilitiesCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 11 / 30 / 2010

Transaction ID: D346649

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 412.36        |   | 1551.26          |   | 1963.62      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 766.92        |   | 2885.06          |   | 3651.98      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 198 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Comcast

Mailing Address  
PO Box 105184

City State Zip Code  
Atlanta GA 30348-5184

Purpose of Disbursement:  
Admin Internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: D347854

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 61.03         |   | 229.57           |   | 290.60       |

**B. Full Name (Last, First, Middle Initial)**  
Comcast

Mailing Address  
PO Box 105184

City State Zip Code  
Atlanta GA 30348-5184

Purpose of Disbursement:  
Admin Internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346687

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 62.70         |   | 235.89           |   | 298.59       |

**C. Full Name (Last, First, Middle Initial)**  
David Browne

Mailing Address  
417 S Paloma PI

City State Zip Code  
Tampa FL 33609-3711

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346347

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 411.80        |   | 1549.14          |   | 1960.94      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 535.53        |   | 2014.60          |   | 2550.13      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 199 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
David Browne

Mailing Address

417 S Paloma Pl

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33609-3711 |

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346934

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 97.16         |   | 365.51           |   | 462.67       |

**B. Full Name (Last, First, Middle Initial)**  
DeltaCom1058

Mailing Address

PO Box 740597

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Atlanta | GA    | 30374-0597 |

 Purpose of Disbursement:  
Admin Telephone
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: D347584

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 84.39         |   | 359.75           |   | 444.14       |

**C. Full Name (Last, First, Middle Initial)**  
Eric Jotkoff

Mailing Address

2806 W Wallace Ave

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33611-4537 |

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346329

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 331.94        |   | 1248.71          |   | 1580.65      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 513.49        |   | 1973.97          |   | 2487.46      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 200 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

## Mailing Address

2806 W Wallace Ave

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33611-4537 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 30 / 2010

Transaction ID: D349505

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 331.94        |   | 1248.71          |   | 1580.65      |

**B. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

## Mailing Address

2806 W Wallace Ave

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33611-4537 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 10 / 2010

Transaction ID: D346915

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 615.00        |   | 2313.58          |   | 2928.58      |

**C. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

## Mailing Address

2806 W Wallace Ave

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33611-4537 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 15 / 2010

Transaction ID: D346923

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 331.94        |   | 1248.71          |   | 1580.65      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1278.88       |   | 4811.00          |   | 6089.88      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 201 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Everest National Insurance Company

 Mailing Address  
PO Box 917807

 City State Zip Code  
Orlando FL 32891-7807

 Purpose of Disbursement:  
Benefits

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346648

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 316.55        |   | 1190.82          |   | 1507.37      |

**B. Full Name (Last, First, Middle Initial)**  
Everest National Insurance Company

 Mailing Address  
PO Box 917807

 City State Zip Code  
Orlando FL 32891-7807

 Purpose of Disbursement:  
Benefits

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: D347593

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 75.95         |   | 285.71           |   | 361.66       |

**C. Full Name (Last, First, Middle Initial)**  
Gabrielle Ann Arcangeli

 Mailing Address  
155 Whettherbine Way W

 City State Zip Code  
Tallahassee FL 32301-8538

 Purpose of Disbursement:  
Salary

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346336

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 285.62        |   | 1074.48          |   | 1360.10      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 678.12        |   | 2551.01          |   | 3229.13      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 202 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Gabrielle Ann Arcangeli

Mailing Address

155 Whetherbine Way W

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-8538 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346920

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

520.32

1957.41

2477.73

**B. Full Name (Last, First, Middle Initial)**

Gabrielle Ann Arcangeli

Mailing Address

155 Whetherbine Way W

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-8538 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D349511

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

285.62

1074.49

1360.11

**C. Full Name (Last, First, Middle Initial)**

Gabrielle Ann Arcangeli

Mailing Address

155 Whetherbine Way W

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-8538 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346930

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

285.62

1074.48

1360.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1091.56

4106.38

5197.94

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 203 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City State Zip Code  
 New York NY 10019-3878

Purpose of Disbursement:  
 Admin Internet

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 1 0

Transaction ID: D347872

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 359.56        |   | 1352.64          |   | 1712.20      |

**B. Full Name (Last, First, Middle Initial)**  
 Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City State Zip Code  
 New York NY 10019-3878

Purpose of Disbursement:  
 Admin Internet

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
 1 2 / 0 3 / 2 0 1 0

Transaction ID: D347873

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.54         |   | 58.46            |   | 74.00        |

**C. Full Name (Last, First, Middle Initial)**  
 Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City State Zip Code  
 New York NY 10019-3878

Purpose of Disbursement:  
 Admin Internet

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
 1 2 / 0 3 / 2 0 1 0

Transaction ID: D347874

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.54         |   | 58.46            |   | 74.00        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 390.64        |   | 1469.56          |   | 1860.20      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 204 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City State Zip Code  
New York NY 10019-3878

Purpose of Disbursement:  
Admin Internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: D364056

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.73          |   | 2.74             |   | 3.47         |

**B. Full Name (Last, First, Middle Initial)**  
Intuit Software

Mailing Address

2632 Marine Way

City State Zip Code  
Mountain View CA 94043-1126

Purpose of Disbursement:  
Admin Office Supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: D347866

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.19         |   | 72.17            |   | 91.36        |

**C. Full Name (Last, First, Middle Initial)**  
Jennifer Whitcomb

Mailing Address

1734 Bulavista Ave

City State Zip Code  
Jacksonville FL 32221-5458

Purpose of Disbursement:  
Printing/Graphics

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: D347835

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.50         |   | 39.50            |   | 50.00        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.42         |   | 114.41           |   | 144.83       |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 205 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
John E Rogers

 Mailing Address  
2257 Collins Rd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Cairo | GA    | 39828-4917 |

 Purpose of Disbursement:  
Salary

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346346

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 70.59         |   | 265.56           |   | 336.15       |

**B. Full Name (Last, First, Middle Initial)**  
John E Rogers

 Mailing Address  
2257 Collins Rd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Cairo | GA    | 39828-4917 |

 Purpose of Disbursement:  
Salary

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D349515

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 80.54         |   | 303.00           |   | 383.54       |

**C. Full Name (Last, First, Middle Initial)**  
John E Rogers

 Mailing Address  
2257 Collins Rd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Cairo | GA    | 39828-4917 |

 Purpose of Disbursement:  
Salary

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346933

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 114.09        |   | 429.20           |   | 543.29       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 265.22        |   | 997.76           |   | 1262.98      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

|                         |           |
|-------------------------|-----------|
| PAGE                    | 206 / 235 |
| FOR LINE 21a OF FORM 3X |           |

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Ms. Karen L. Thurman

## Mailing Address

9067 SW 190th Avenue Rd

City

State

Zip Code

Dunnellon

FL

34432-2827

## Purpose of Disbursement:

Salary

Category/  
Type

## Activity or Event Identifier:

Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

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|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346335

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

678.92

2554.03

3232.95

**B. Full Name (Last, First, Middle Initial)**

Ms. Karen L. Thurman

## Mailing Address

9067 SW 190th Avenue Rd

City

State

Zip Code

Dunnellon

FL

34432-2827

## Purpose of Disbursement:

Salary

Category/  
Type

## Activity or Event Identifier:

Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346928

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

678.92

2554.03

3232.95

**C. Full Name (Last, First, Middle Initial)**

Ms. Karen L. Thurman

## Mailing Address

9067 SW 190th Avenue Rd

City

State

Zip Code

Dunnellon

FL

34432-2827

## Purpose of Disbursement:

Salary

Category/  
Type

## Activity or Event Identifier:

Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D349510

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

678.92

2554.03

3232.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2036.76

7662.09

9698.85

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 207 / 235

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

## Mailing Address

9886 N Kendall Dr Apt H113

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Miami | FL    | 33176-1827 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
AdministrativeDate 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

 / 

|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346348

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

308.83

1161.80

1470.63

**B. Full Name (Last, First, Middle Initial)**

Marpan Recycling

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

## Mailing Address

6020 Woodville Hwy

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32305-1200 |

Purpose of Disbursement:  
Trash DisposalCategory/  
TypeActivity or Event Identifier:  
AdministrativeDate 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347880

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.57

5.93

7.50

**C. Full Name (Last, First, Middle Initial)**

Marpan Recycling

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

## Mailing Address

6020 Woodville Hwy

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32305-1200 |

Purpose of Disbursement:  
Trash DisposalCategory/  
TypeActivity or Event Identifier:  
AdministrativeDate 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 2 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D349559

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.05

3.95

5.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

311.45

1171.68

1483.13

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 208 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Marpan Recycling

Mailing Address

6020 Woodville Hwy

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32305-1200 |

 Purpose of Disbursement:  
Trash Disposal
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: D349621

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.05

3.95

5.00

**B. Full Name (Last, First, Middle Initial)**  
Mary Brogan Museum of Art & Science

Mailing Address

350 S Duval St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-1711 |

 Purpose of Disbursement:  
Site Rental
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346685

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

105.00

395.00

500.00

**C. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address

3550 Esplanade Way Apt 8107

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32311-3755 |

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346331

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

317.53

1194.51

1512.04

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

423.58

1593.46

2017.04

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 209 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address

3550 Esplanade Way Apt 8107

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32311-3755 |

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
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| M | M |
| 1 | 2 |

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|   |   |
|---|---|
| D | D |
| 1 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346917

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

574.78

2162.25

2737.03

**B. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address

3550 Esplanade Way Apt 8107

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32311-3755 |

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346925

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

317.53

1194.53

1512.06

**C. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address

3550 Esplanade Way Apt 8107

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32311-3755 |

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

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|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D349507

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

317.53

1194.51

1512.04

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1209.84

4551.29

5761.13

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 210 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
NGP VAN, Inc.

Mailing Address

1101 15th Street, NW Ste 500 25 I St NW

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20005-5918 |

Purpose of Disbursement:  
Software/ComplianceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 14 / 2010

Transaction ID: D347581

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 157.50        |   | 592.50           |   | 750.00       |

**B. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Dr Apt A2-5

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32304-2868 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 11 / 30 / 2010

Transaction ID: D346334

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 217.89        |   | 819.66           |   | 1037.55      |

**C. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Dr Apt A2-5

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32304-2868 |

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 30 / 2010

Transaction ID: D349509

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 217.89        |   | 819.66           |   | 1037.55      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 593.28        |   | 2231.82          |   | 2825.10      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 211 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Dr Apt A2-5

 City State Zip Code  
Tallahassee FL 32304-2868

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: D346919

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 403.69        |   | 1518.66          |   | 1922.35      |

**B. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address

445 Appleyard Dr Apt A2-5

 City State Zip Code  
Tallahassee FL 32304-2868

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: D346927

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 217.89        |   | 819.66           |   | 1037.55      |

**C. Full Name (Last, First, Middle Initial)**  
Office Depot-Corporate

Mailing Address

PO Box 633211

 City State Zip Code  
Cincinnati OH 45263-3211

 Purpose of Disbursement:  
Admin Office Supplies
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: D347882

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.02          |   | 33.94            |   | 42.96        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 630.60        |   | 2372.26          |   | 3002.86      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 212 / 235

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

One Source Supply Center

Mailing Address

5855 Green Valley Cir Ste 206

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Culver City | CA    | 90230-6968 |

Purpose of Disbursement:  
Admin Office SuppliesCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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| 2 | 0 | 1 | 0 |

Transaction ID: D347795

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

484.35

1822.09

2306.44

**B. Full Name (Last, First, Middle Initial)**

Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Rd

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32310-4603 |

Purpose of Disbursement:  
Janitorial ServiceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346968

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

126.00

474.00

600.00

**C. Full Name (Last, First, Middle Initial)**

Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Rd

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32310-4603 |

Purpose of Disbursement:  
Janitorial ServiceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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| 1 | 7 |

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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347577

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

105.00

395.00

500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

715.35

2691.09

3406.44

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 213 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
PAC Strategies, LLC

Mailing Address  
PO Box 7084

City State Zip Code  
Alexandria VA 22307-0084

Purpose of Disbursement:  
Consulting/Compliance

Category/Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346689

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 315.00        |   | 1185.00          |   | 1500.00      |

**B. Full Name (Last, First, Middle Initial)**  
PAi

Mailing Address  
PO Box 60

City State Zip Code  
De Pere WI 54115-0060

Purpose of Disbursement:  
Benefits

Category/Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: D347881

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 27.93         |   | 105.07           |   | 133.00       |

**C. Full Name (Last, First, Middle Initial)**  
PAi

Mailing Address  
PO Box 60

City State Zip Code  
De Pere WI 54115-0060

Purpose of Disbursement:  
Benefits

Category/Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 2 / 1 6 / 2 0 1 0

Transaction ID: D349609

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 27.93         |   | 105.07           |   | 133.00       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 370.86        |   | 1395.14          |   | 1766.00      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENT FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE 214 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
 Payroll Tax

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

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| 2 | 0 | 1 | 0 |

Transaction ID: D345676

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1730.72       |   | 6510.80          |   | 8241.52      |

**B. Full Name (Last, First, Middle Initial)**  
 Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
 Payroll Fees

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346316

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.19         |   | 38.31            |   | 48.50        |

**C. Full Name (Last, First, Middle Initial)**  
 Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
 Payroll Fees

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346911

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.55          |   | 35.95            |   | 45.50        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1750.46       |   | 6585.06          |   | 8335.52      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 215 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
 Payroll Taxes

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346912

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1470.22

5530.81

7001.03

**B. Full Name (Last, First, Middle Initial)**  
 Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
 Salary

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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|---|---|
| M | M |
| 1 | 2 |

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|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347894

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

198.08

844.46

1042.54

**C. Full Name (Last, First, Middle Initial)**  
 Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
 Payroll Fees

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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|---|---|
| D | D |
| 1 | 5 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347895

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.57

5.93

7.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1669.87

6381.20

8051.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 216 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
Payroll TaxCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 30 / 2010

Transaction ID: D349387

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1320.13       |   | 4966.21          |   | 6286.34      |

**B. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
Payroll FeesCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 30 / 2010

Transaction ID: D349388

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8.92          |   | 33.58            |   | 42.50        |

**C. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

Purpose of Disbursement:  
Payroll TaxCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 10 / 2010

Transaction ID: D346905

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2620.43       |   | 9857.81          |   | 12478.24     |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3949.48       |   | 14857.60         |   | 18807.08     |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 217 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address

2069 N Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-4727 |

 Purpose of Disbursement:  
Payroll Fees
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

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| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346906

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.98          |   | 30.02            |   | 38.00        |

**B. Full Name (Last, First, Middle Initial)**  
Penske Truck Leasing

Mailing Address

1851 S Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-5527 |

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: D349619

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 13.62         |   | 51.26            |   | 64.88        |

**C. Full Name (Last, First, Middle Initial)**  
Penske Truck Leasing

Mailing Address

1851 S Monroe St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-5527 |

 Purpose of Disbursement:  
Auto Travel
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: D364052

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 83.42         |   | 313.82           |   | 397.24       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.02        |   | 395.10           |   | 500.12       |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 218 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
PitneyBowes

Mailing Address

P.O. Box 371896 PO Box 856042

 City State Zip Code  
Louisville KY 40285-6042

 Purpose of Disbursement:  
Admin Postage
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: D346644

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.62         |   | 175.38           |   | 222.00       |

**B. Full Name (Last, First, Middle Initial)**  
Principal Financial Group

Mailing Address

PO Box 14416 Dept. 900

 City State Zip Code  
Des Moines IA 50306-3416

 Purpose of Disbursement:  
Benefits
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: D347590

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 390.08        |   | 1467.46          |   | 1857.54      |

**C. Full Name (Last, First, Middle Initial)**  
Publix Super Markets, Inc.

Mailing Address

P.O. 32009 PO Box 407

 City State Zip Code  
Lakeland FL 33802-0407

 Purpose of Disbursement:  
Admin Office Supplies
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: D349626

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.18         |   | 45.82            |   | 58.00        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 448.88        |   | 1688.66          |   | 2137.54      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 219 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Purchase Power

Mailing Address

PO Box 371874 P.O. Box 856042

City State Zip Code  
Pittsburgh PA 15250-7874

Purpose of Disbursement:  
Admin Postage

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346683

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.00        |   | 395.00           |   | 500.00       |

**B. Full Name (Last, First, Middle Initial)**  
Ricoh Americas Corporation

Mailing Address

21146 Network Pl

City State Zip Code  
Chicago IL 60673-1211

Purpose of Disbursement:  
Admin Lease/Rent

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: D346688

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 226.00        |   | 850.20           |   | 1076.20      |

**C. Full Name (Last, First, Middle Initial)**  
Roly Poly

Mailing Address

2866 N University Dr

City State Zip Code  
Coral Springs FL 33065-1427

Purpose of Disbursement:  
Lunch Meeting

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: D347869

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.21          |   | 27.14            |   | 34.35        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 338.21        |   | 1272.34          |   | 1610.55      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 220 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Roly Poly

Mailing Address

2866 N University Dr

City

State

Zip Code

Coral Springs

FL

33065-1427

Purpose of Disbursement:

Lunch Meeting

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date

M M / D D / Y Y Y Y

1 2 / 1 5 / 2 0 1 0

Transaction ID: D349612

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.91

33.50

42.41

**B. Full Name (Last, First, Middle Initial)**

Sandler, Reiff &amp; Young P.C.

Mailing Address

300 M St SE

Ste 1102

City

State

Zip Code

Washington

DC

20003-3437

Purpose of Disbursement:

Consulting/Legal

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date

M M / D D / Y Y Y Y

1 2 / 1 3 / 2 0 1 0

Transaction ID: D346971

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

252.00

948.00

1200.00

**C. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

Mailing Address

1544 Lorimier Rd

City

State

Zip Code

Jacksonville

FL

32207-4240

Purpose of Disbursement:

Salary

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date

M M / D D / Y Y Y Y

1 1 / 3 0 / 2 0 1 0

Transaction ID: D346332

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

961.98

3618.86

4580.84

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1222.89

4600.36

5823.25

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 221 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

## Mailing Address

1544 Lorimier Rd

City

State

Zip Code

Jacksonville

FL

32207-4240

## Purpose of Disbursement:

Salary

Category/  
Type

## Activity or Event Identifier:

Administrative

Date 12 / 30 / 2010

Transaction ID: D349508

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

961.98

3618.86

4580.84

**B. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

## Mailing Address

1544 Lorimier Rd

City

State

Zip Code

Jacksonville

FL

32207-4240

## Purpose of Disbursement:

Salary

Category/  
Type

## Activity or Event Identifier:

Administrative

Date 12 / 15 / 2010

Transaction ID: D346926

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

961.98

3618.86

4580.84

**C. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

## Mailing Address

1544 Lorimier Rd

City

State

Zip Code

Jacksonville

FL

32207-4240

## Purpose of Disbursement:

Salary

Category/  
Type

## Activity or Event Identifier:

Administrative

Date 12 / 10 / 2010

Transaction ID: D346918

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1779.42

6694.01

8473.43

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3703.38

13931.73

17635.11

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 222 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Service Office Supply

Mailing Address

PO Box 15038

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32317-5038 |

 Purpose of Disbursement:  
Admin Office Supplies
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346645

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

19.70

74.12

93.82

**B. Full Name (Last, First, Middle Initial)**  
Stephen Carville

Mailing Address

2401 W Morrison Ave 6610 Burden Ln

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33629-4756 |

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346349

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

177.28

666.90

844.18

**C. Full Name (Last, First, Middle Initial)**  
T-Mobile

Mailing Address

PO Box 742596

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Cincinnati | OH    | 45274-2596 |

 Purpose of Disbursement:  
Admin Cell Phone
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346646

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

24.48

92.10

116.58

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

221.46

833.12

1054.58

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 223 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 Technology Services Group

Mailing Address

4979 Glen Castle Dr

City

State

Zip Code

Tallahassee

FL

32309-2959

Purpose of Disbursement:  
 Consulting/IT

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 2 / 0 9 / 2 0 1 0

Transaction ID: D346732

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1050.00

3950.00

5000.00

**B. Full Name (Last, First, Middle Initial)**  
 Tracy N Henderson

Mailing Address

213 Young St

City

State

Zip Code

Tallahassee

FL

32301-5437

Purpose of Disbursement:  
 Salary

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 3 0 / 2 0 1 0

Transaction ID: D346337

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

256.59

965.27

1221.86

**C. Full Name (Last, First, Middle Initial)**  
 Tracy N Henderson

Mailing Address

213 Young St

City

State

Zip Code

Tallahassee

FL

32301-5437

Purpose of Disbursement:  
 Salary

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 2 / 1 0 / 2 0 1 0

Transaction ID: D346921

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

470.73

1770.83

2241.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1777.32

6686.10

8463.42

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 224 / 235

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Tracy N Henderson

Mailing Address

213 Young St

City

State

Zip Code

Tallahassee

FL

32301-5437

Purpose of Disbursement:

Salary

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346929

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

256.59

965.27

1221.86

**B. Full Name (Last, First, Middle Initial)**

Tracy N Henderson

Mailing Address

213 Young St

City

State

Zip Code

Tallahassee

FL

32301-5437

Purpose of Disbursement:

Salary

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D349512

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

256.59

965.27

1221.86

**C. Full Name (Last, First, Middle Initial)**

United States Post Office

Mailing Address

2700 Campus Dr

City

State

Zip Code

San Mateo

CA

94497-0001

Purpose of Disbursement:

Admin Shipping

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: D364058

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2.87

10.78

13.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

516.05

1941.32

2457.37

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 225 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Eagan | MN    | 55121-1551 |

Purpose of Disbursement:  
 Admin Shipping

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 1 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D349615

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.65

13.75

17.40

**B. Full Name (Last, First, Middle Initial)**  
 United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Eagan | MN    | 55121-1551 |

Purpose of Disbursement:  
 Admin Office Supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 1 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347883

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.65

13.75

17.40

**C. Full Name (Last, First, Middle Initial)**  
 United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Eagan | MN    | 55121-1551 |

Purpose of Disbursement:  
 Admin Shipping

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 1 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347884

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.65

13.75

17.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.95

41.25

52.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 226 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
 UPS

Mailing Address

PO Box 72470244

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Philadelphia | PA    | 19170-0001 |

Purpose of Disbursement:  
 Admin Shipping

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

 / 

|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D346684

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 67.06         |   | 252.25           |   | 319.31       |

**B. Full Name (Last, First, Middle Initial)**  
 WalMart Stores, Inc.

Mailing Address

702 SW 8th St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Bentonville | AR    | 72716-6209 |

Purpose of Disbursement:  
 Admin Office Supplies

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

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|   |   |
|---|---|
| D | D |
| 3 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D345630

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 5.97          |   | 25.44            |   | 31.41        |

**C. Full Name (Last, First, Middle Initial)**  
 WalMart Stores, Inc.

Mailing Address

702 SW 8th St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Bentonville | AR    | 72716-6209 |

Purpose of Disbursement:  
 Admin Office Supplies

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 7 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347878

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.45         |   | 39.29            |   | 49.74        |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 83.48         |   | 316.98           |   | 400.46       |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 227 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

WebDomains4u.com

## Mailing Address

14455 N Hayden Rd Ste 219

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Scottsdale | AZ    | 85260-6993 |

Purpose of Disbursement:  
Admin InternetCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 20 / 2010

Transaction ID: D364054

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.14          |   | 8.03             |   | 10.17        |

**B. Full Name (Last, First, Middle Initial)**

WebDomains4u.com

## Mailing Address

14455 N Hayden Rd Ste 219

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Scottsdale | AZ    | 85260-6993 |

Purpose of Disbursement:  
Admin InternetCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 21 / 2010

Transaction ID: D364055

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.27          |   | 16.07            |   | 20.34        |

**C. Full Name (Last, First, Middle Initial)**

Scott Arceneaux

## Mailing Address

1544 Lorimer Rd

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Jacksonville | FL    | 32207-4240 |

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 12 / 06 / 2010

Transaction ID: D346572

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 207.04        |   | 778.88           |   | 985.92       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 213.45        |   | 802.98           |   | 1016.43      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 228 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Polos on Park

 Mailing Address  
2626 E Park Ave

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-0802 |

 Purpose of Disbursement:  
Lodging

Category/Type

 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346573

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 207.04        |   | 778.88           |   | 985.92       |

**B. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

 Mailing Address  
741 W Keller St

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hernando | FL    | 34442-8810 |

 Purpose of Disbursement:  
Staff Reimbursement

Category/Type

 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346575

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.00        |   | 395.00           |   | 500.00       |

**C. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

 Mailing Address  
PO Box 2210

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Jacksonville | FL    | 32203-2210 |

 Purpose of Disbursement:  
Benefits

Category/Type

 Activity or Event Identifier:  
Administrative
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

 Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346576

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.00        |   | 395.00           |   | 500.00       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.00        |   | 395.00           |   | 500.00       |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 229 / 235  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Kyle Schulberg

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

## Mailing Address

9886 N Kendall Dr Apt H113

City State Zip Code  
 Miami FL 33176-1827

Purpose of Disbursement:  
Staff ReimbursementCategory/  
Type☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Activity or Event Identifier:  
AdministrativeDate 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346691

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22.37

84.17

106.54

**B. Full Name (Last, First, Middle Initial)**

AT&amp;T Mobility

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

## Mailing Address

PO Box 538695

City State Zip Code  
 Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell PhoneCategory/  
Type☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Activity or Event Identifier:  
AdministrativeDate 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346692

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22.37

84.17

106.54

**C. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

## Mailing Address

2806 W Wallace Ave

City State Zip Code  
 Tampa FL 33611-4537

Purpose of Disbursement:  
Staff ReimbursementCategory/  
Type☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Activity or Event Identifier:  
AdministrativeDate 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346698

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.81

123.42

156.23

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

55.18

207.59

262.77

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 230 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Papa John's Pizza

Mailing Address

PO Box 4209

City

State

Zip Code

Tallahassee

FL

32315-4209

Purpose of Disbursement:

Lunch Meeting

Category/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: D346699

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.81

123.42

156.23

**B. Full Name (Last, First, Middle Initial)**

Christopher Lazo

Mailing Address

1951 N Meridian Rd Apt 28

City

State

Zip Code

Tallahassee

FL

32303-5249

Purpose of Disbursement:

Staff Reimbursement

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: D346969

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

41.72

156.94

198.66

**C. Full Name (Last, First, Middle Initial)**

Shell Gas - Corporate

Mailing Address

PO Box 2463

City

State

Zip Code

Houston

TX

77252-2463

Purpose of Disbursement:

Auto Travel

Category/  
Type

Activity or Event Identifier:

Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: D346970

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

41.72

156.94

198.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

41.72

156.94

198.66

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 231 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Ms. Christina Boltin

## Mailing Address

2413 Bayshore Blvd

City

State

Zip Code

Tampa

FL

33629-7333

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346973

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

94.80

120.00

**B. Full Name (Last, First, Middle Initial)**

AT&amp;T Mobility

## Mailing Address

PO Box 538695

City

State

Zip Code

Atlanta

GA

30353-8695

Purpose of Disbursement:  
Admin Cell PhoneCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: D346974

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

94.80

120.00

**C. Full Name (Last, First, Middle Initial)**

Ms. Karen L. Thurman

## Mailing Address

9067 SW 190th Avenue Rd

City

State

Zip Code

Dunnellon

FL

34432-2827

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: D347579

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

252.00

948.00

1200.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

277.20

1042.80

1320.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 232 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Doverree Properties, LLC

Mailing Address

310 W Jefferson St Attn: Mr. Leonard Pepper

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32301-1419 |

Purpose of Disbursement:  
Lodging

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347580

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

252.00

948.00

1200.00

**B. Full Name (Last, First, Middle Initial)**  
Scott Arceneaux

Mailing Address

1544 Lorimier Rd

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Jacksonville | FL    | 32207-4240 |

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347793

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.15

117.17

148.32

**C. Full Name (Last, First, Middle Initial)**  
AT&T Mobility

Mailing Address

PO Box 538695

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Atlanta | GA    | 30353-8695 |

Purpose of Disbursement:  
Admin Cell Phone

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 0 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347794

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.15

117.17

148.32

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.15

117.17

148.32

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 233 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Christopher Lazo

Mailing Address

1951 N Meridian Rd Apt 28

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Tallahassee | FL    | 32303-5249 |

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347831

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.84

14.46

18.30

**B. Full Name (Last, First, Middle Initial)**  
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Eagan | MN    | 55121-1551 |

Purpose of Disbursement:  
Admin ShippingCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

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| M | M |
| 1 | 2 |

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|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347832

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.84

14.46

18.30

**C. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address

741 W Keller St

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hernando | FL    | 34442-8810 |

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

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|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347833

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

145.15

546.05

691.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

148.99

560.51

709.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 234 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**

Ms. Anne O Morgan

## Mailing Address

741 W Keller St

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hernando | FL    | 34442-8810 |

Purpose of Disbursement:  
Auto TravelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 5 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D347834

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

145.15

546.05

691.20

**B. Full Name (Last, First, Middle Initial)**

Eric Jotkoff

## Mailing Address

2806 W Wallace Ave

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tampa | FL    | 33611-4537 |

Purpose of Disbursement:  
Staff ReimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
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|   |   |
|---|---|
| D | D |
| 1 | 4 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D364065

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

151.53

570.02

721.55

**C. Full Name (Last, First, Middle Initial)**

7-Eleven Corporate

## Mailing Address

2711 N Haskell Ave

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75204-2911 |

Purpose of Disbursement:  
Lunch MeetingCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

 / 

|   |   |
|---|---|
| D | D |
| 1 | 4 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: D364070

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.46

6.21

7.67

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

151.53

570.02

721.55

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 235 / 235  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Comfort Inn Corporate

Mailing Address

10750 Columbia Pike

City

State

Zip Code

Silver Spring

MD

20901-4402

Purpose of Disbursement:  
Travel/Lodging

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: D364072

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

23.31

87.68

110.99

**B. Full Name (Last, First, Middle Initial)**  
E-Z Rent-A-Car

Mailing Address

7900 S Conway Rd Orlando International Airport

City

State

Zip Code

Orlando

FL

32812-4000

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: D364071

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.47

39.40

49.87

**C. Full Name (Last, First, Middle Initial)**  
Tampa Airport Parking

Mailing Address

5503 W Spruce St

City

State

Zip Code

Tampa

FL

33607-5923

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1263232.23

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: D364066

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.93

26.07

33.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

37253.92

140384.84

177638.76